

# Electronic Remittance Advice (ERA) Authorization Agreement

This document is intended to establish Electronic Remittance Advice (ERA) enrollment. This document shall become effective when submitted by the provider. The responsibilities and obligations contained in this document will remain in effect as long as claims are submitted to WPS. Either party may terminate this arrangement by giving the other party thirty (30) days written notice of its intent to terminate. In the event that the notice is mailed, the written notice of termination shall be deemed to have been given upon the date of mailing, as established by the postmark or other appropriate evidence of transmittal.

## DEG1: Provider Information

Provider Name:

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Doing Business As Name (DBA):

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### Provider Address

Street:

City:

State/Province:

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Zip Code/Postal Code:

Country Code:

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## DEG2: Provider Identifiers Information

### Provider Identifiers

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):

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National Provider Identifier (NPI):

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Other Identifier(s)

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Assigning Authority:

Trading Partner ID:

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Provider License Number:

License Issuer:

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Provider Type:

Provider Taxonomy Code:

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## DEG3: Provider Contact Information

Provider Contact Name:

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Title:

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Telephone Number:

Telephone Number Extension:

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Email Address:

Fax Number:

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## DEG4: Provider Agent Information

Provider Agent Name:

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### Agent Address

Street:

City:

State/Province:

Zip Code/Postal Code:

Country Code:

Provider Agent Contact Name:

Title:

Telephone Number:

Telephone Number Extension:

Email Address:

Fax Number:

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## DEG5: Federal Agency Information

Federal Program Agency Name:

Federal Program Agency Identifier:

Federal Agency Location Code:

## DEG6: Retail Pharmacy Information

Pharmacy Name:

Chain Number:

Parent Organization ID:

Payment Center ID:

NCPDP Provider ID Number:

Medicaid Provider Number:

## DEG7: Electronic Remittance Advice Information

### Preference for Aggregation of Remittance Data

Provider Tax Identification Number (TIN):

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National Provider Identifier (NPI):

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Method of Retrieval:

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## DEG8: Electronic Remittance Advice Clearinghouse Information

Clearinghouse Name:

Clearinghouse Contact Name:

Telephone Number:

Email Address:

## DEG9: Electronic Remittance Advice Vendor Information

Vendor Name:

Vendor Contact Name:

Telephone Number:

Email Address:

## DEG10: Submission Information

Reason for Submission:       New Enrollment       Change Enrollment       Cancel Enrollment

### Authorized Signature

Printed Name of Person Submitting Enrollment:

Submission Date:

Requested ERA Effective Date:

In order to determine the status of this enrollment, please contact the EDI department by phone or email using the following information:

#### **WPS Health Insurance ARISE Health Plan EPIC**

Wisconsin Physicians Service  
Electronic Data Services  
P.O. Box 8128  
1717 West Broadway  
Madison, WI 53713

Fax: (608) 223-3824  
Phone: (800) 782-2680  
Email: edi@wpsic.com

#### **Tricare for Life, Tricare Overseas**

Wisconsin Physicians Service  
Electronic Data Services  
P.O. Box 8128  
1717 West Broadway  
Madison, WI 53713

Fax: (608) 223-3824  
Phone: (800) 782-2680  
Email: edi@wpsic.com

#### **Veterans Administration – VA VAPCCC Region 3, VAPCCC Region 5A, VAPCCC Region 5B and VAPCCC Region 6**

Wisconsin Physicians Service  
Electronic Data Services  
P.O. Box 8128  
1717 West Broadway  
Madison, WI 53713

Fax: (608) 223-3824  
Phone: (800) 782-2680  
Email: edi@wpsic.com

#### **MEDICARE MACJ5 National Part A, MACJ5 Part A/B, MACJ8 Part A/B**

WPS Medicare EDI  
1717 West Broadway  
Madison, WI 53713

Fax: (608) 223-3824  
Phone J5: (866) 518-3285  
Phone J8: (866) 234-7331  
Email Medicare part A:  
edimedicarea@wpsic.com

Email Medicare part B:  
edimedicareb@wpsic.com

