

NHIC, Corp	
Document Name: EDI Profile Form	Doc. Number: FRM-EDI-0004
Release Date: 08/21/2008	Version: 23.0

## EDI PROFILE FORM

**Required, complete this form, MAIL it with Signature Page, to receive electronic remittance\* include number 2 or 3**

- 1) EDI Enrollment Form Signature Page (required for new enrollments; original signature of Owner, President or CEO required)
- 2) Electronic Remittance Advice (ERA) Enrollment Form (ERA to you when submitting your claims directly to NHIC, Corp.)
- 3) or, Provider/Submitter Agreement (ERA to the billing agency/clearing house submitting Medicare claims on your behalf)

**Mail all applicable forms to the NHIC, Corp. office that processes your Medicare Part B claims:**

**NHIC, Corp.- New England**  
 Attn: EDI Department  
 PO Box 9104  
 Hingham, MA 02044-9104

PROVIDER OFFICE PRACTICE INFORMATION (Physical location where you PERFORM services)									
PIN/PTAN #:				NPI #:					
NAME:							DATE:		
ADDRESS:					EMAIL:				
CITY:					STATE:		ZIP:		
CONTACT (FULL NAME):					PHONE:				
CONTACT (FULL NAME):					FAX #:				
SUBMITTER INFORMATION (Who will submit claims)									
PLEASE CHECK THE APPROPRIATE BOX				PROVIDER: <input type="checkbox"/>		BILLING AGENT: <input type="checkbox"/>		CLEARING HOUSE: <input type="checkbox"/>	
NAME:					SID# (Submitter ID#):				
ADDRESS:				EMAIL ADDRESS:					
CITY:				STATE:			ZIP:		
CONTACT (FULL NAME):					PHONE:				
CONTACT (FULL NAME):					FAX #:				
SOFTWARE INFORMATION (The type of software/operating system)									
COMPANY:									
CONTACT (FULL NAME):					PHONE:				
NAME OF SOFTWARE:					OPERATING SYSTEM:				
ELECTRONIC REMITTANCE ADVICE (ERA) (Electronic version of paper explanation of benefits (EOMB / SPR))									
<p>*An Electronic Remittance Advice (ERA) file can allow you to automatically post to the accounts receivable module if your practice management software allows for that capability. If your software is capable and you wish ERA, choose the <u>ERA file format</u> check box below.  <b>NOTE:</b> If a billing agency or clearinghouse will receive remittance on your behalf, the "Provider/Submitter Agreement" MUST be submitted with this form and it MUST be signed by the provider AND the billing agency/clearinghouse representative, in order to add ERA.  <b>For paper remittance, skip this section.</b></p>									
YES, SEND COMPRESSED ERA FILES (ZIPPED) <input type="checkbox"/>					YES, SEND UNCOMPRESSED ERA FILES (UNZIPPED) <input type="checkbox"/>				
Take advantage of the <b>FREE Medicare Remit Easy Print (MREP)</b> software now available for viewing and printing the HIPAA compliant ERA! Download the MREP software available at <a href="http://www.cms.hhs.gov/AccessstoDataApplication/02_MedicareRemitEasyPrint.asp">http://www.cms.hhs.gov/AccessstoDataApplication/02_MedicareRemitEasyPrint.asp</a> .									
BENEFICIARY ELIGIBILITY ENROLLMENT									
I am requesting access to use the Beneficiary Eligibility System. I understand that I am responsible for the Medicare beneficiary data I receive. If this data is mishandled in any way, I will be held responsible in accordance with Medicare requirements. NOTE: only non-HIPPA files are supported.									
OFFICE USE ONLY									
NEW SID		OLD SID		ADD TO EXISTING SID		SET UP IN TEST		SET UP IN PROD	