CHORUS COMMUNITY HEALTH PLANS

Explanation of Payment (ERA / 835) Request Form

The Explanation of Payment, also known as Electronic Health Care Claim Payment / Advice (835), and referred to on the statement as Electronic Remittance Advice (ERA).
Please complete the form below, and forward via email to: HPEDIRequest@upmc.edu
Submitting this electronic remittance request does not automatically stop your paper EOPs from being sent to you via US mail. We strongly encourage paper-free processes, so please email us at healthplanedi@upmc.edu when you are ready to stop receiving paper remittances. Due to CCHP's paper-free initiatives, we may additionally follow-up with you regarding turning paper off.

SECTION 1: Provider Information

Name of Organization:			
Street Address:	City:	State:	Zip:

SECTION 2: Provider Identifier Information (Preference for Aggregation of Remittance Data)

Provider Federal Tax Identification Number (TIN)	National Provider

SECTION 3: Preferred Method of Transfer

Manual Download from Portal User Id:		Automated File Transfer (CCHP to push your file Transfer)
Secure FTP (FTP / TLS or SSL)	Secure FTP (SFTP / SSH) URL:	Username:

You may also receive your remittances through a clearinghouse or vendor. To do so, please contact your clearinghouse or vendor and ask them to submit an 835 remittance request to CCHP on your behalf.

SECTION 4: Provider Technical Contact Information

Provider Technical Contact Name (First, Middle, Intial, Last):	Contact Title:	
Email:	Phone:	Fax:

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SECTION 5: Vendor / Clearinghouse selection for ERA

Requesting ERA Effective Date of:
Vendor / Clearinghouse Name:
Contact Name:
Email Address:
Contact Phone Number: ( )
User Name / App ID / Customer ID Key / Account Number:

SECTION 6: Authorization Signature

Written Signature of Person Submitting Request: (The above signature authorizes the provider to enroll with ERA with CCHP)
Printed Name of Person Submitting:
Printed Title of Person Submitted Request:
Submission Date (MMDDYYYY):
Requested ERA Effective Date (MMDDYYYY):

For additional questions pertaining to EOP, please contact CCHP Provider Services at 1-844-202- 0117, Monday through Friday from 8 AM to 5 PM.