



UnitedHealthcare ERA

For Enrollment with this payer

The following form must be completed and returned to **Allscripts-Payerpath**:

- **United Healthcare Information Sheet**

Form Completion

- Complete one Information Sheet PER Tax ID.*
**Exception: Multiple Tax IDs may be listed on one Information Sheet ONLY IF the organization name & address is the same for all Tax IDs according to the payer.*
- Indicate your request: New, Change or Delete.
- ALL fields must be completed.
- Interested in EPS? Check Yes or No. See details below about EPS.

Electronic Payment and Statements (EPS) If you would like to receive consolidated 835 remittance files, the payer requires you to sign up for Electronic Funds Transfer (or Electronic Payments and Statements- EPS). If you are interested in this service, please contact UHC at (866) 842-3278, option 5 to request the EPS Enrollment form so you can give them your banking information. Do NOT forward EPS agreements to Payerpath.

When Completed

Fax form to Allscripts-Payerpath Enrollment at (919) 457-4128.

ERA turnaround time:

- If you are a new UHC ERA receiver, registration will take at least 6 weeks; If you are currently receiving UHC ERA, registration may take up to 30 days. If you are currently receiving UHC remits through another vendor, you will receive an e-mail notification from ENS asking you to confirm that you would like to change to Payerpath. You must respond to this e-mail notification to receive your UHC remits through Allscripts-Payerpath.
- You must first be filing your claims electronically through Allscripts-Payerpath before you can receive your remittances electronically.
- If ERA for this payer is not included in your price bundle packaging you may need to notify your sales person in order to be set up properly for remit delivery.



UnitedHealthcare Remit Information Sheet

* ALL fields of this form must be completed in order to be set up properly for remit.

Check one of the request types in order for the enrollment to be processed properly:

Request Types: New Change Delete

New: Select if your organization has never been set up to receive 835 (electronic remittances).

Change: Select if you are currently receiving 835 (electronic remittances).

Delete: Select if you no longer wish to receive 835 (electronic remittances).

Client ID: _____

Organization Name: _____

Tax ID: _____

NPI Number: _____

Address: _____

City, State, Zip: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Interested in EPS? Yes No
(See instructions for details)

Fax completed form to Allscripts-Payerpath Enrollment @ (919) 457-4128.