



## ANSI v5010A1 835 Electronic Remittance Advice (ERA) Test File Request Form

As part of the transition to ANSI v5010A1 compliance, 835 ERA test files are now available. To help ensure a smooth transition and uninterrupted auto-posting of your claims processing system, follow these steps:

- Confirm with your practice management system vendor that your system is capable of processing the new v5010A1 835 ERA before you begin receiving test files.
- After confirmation, test files (version 005010X221A1) will be made available for ERA transactions upon request.
- To begin receiving this test file, please work with your billing vendor to complete the information below.
- **Fax your completed and signed form to the Electronic Commerce (E-Commerce) Services Department at (312) 938-6463.**
- If you have questions about this form, call our E-Commerce Center at (800) 746-4614.

Please identify who does the auto-posting for your 835 ERA (billing service/clearinghouse or practice management system vendor) and enter their information below.

\_\_\_\_\_ Billing Service    \_\_\_\_\_ Clearinghouse    \_\_\_\_\_ Other Vendor    \_\_\_\_\_ Provider (In-house)

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

ERA Receiver ID <sup>1</sup> :	Billing Provider NPI	Provider Tax ID	835 Test Start Date <sup>2</sup>	835 Production Date <sup>3</sup>
Example: EOXXXX	Example: 1234567890	Example: 123456789	MM-DD-YY	MM-DD-YY

1 - Contact your clearinghouse to receive ERA Receiver ID information.

2 - Indicate the date you would like to start receiving the test file.

3 - Indicate the date you will be ready to receive your v5010A1 835 ERA in production. This date must be before Jan. 1, 2012.

*I certify that I have contacted my practice management vendor and confirmed my system is capable of processing an ANSI v5010A1 835 ERA. Please activate my test files as indicated above.*

Provider/Facility Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Print Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_ Revised Date: \_\_\_\_\_

(For 835 Production, if resubmitted after initial request)