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ERA REQUEST FORM

The information provided on this form will be used to set up your office for Electronic Remittance Advice (ERA). Please complete this form as accurately as possible. If a section is not applicable, write "N/A."

In order to receive an Electronic Remittance Advice (ERA), you must be enrolled for electronic claims submission.

Email your completed form to: **PNT Data**
Email: remits@pntdata.com

I. Provider Information

Provider Name: _____
Complete legal name of institution, corporate entity, practice or individual provider

Provider Address:

Street: _____

City: _____

State/Province: _____

ZIP Code/Postal Code: _____

II. Provider Identifiers Information

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

National Provider Identifier (NPI) _____

III. Provider Contact Information

Provider Contact Name: Contact: _____

Telephone Number: _____

Email Address: _____

Fax Number: _____

IV. Electronic Remittance Advice Information

If you want to receive an Electronic Remittance Advice (ERA), then please complete this section.

Provider Tax Identification Number (TIN): _____

National Provider Identifier (NPI) _____

V. Electronic Remittance Advice Clearinghouse Information

If you want to receive an Electronic Remittance Advice (ERA) through your Clearinghouse, then please complete this section.

Clearinghouse Name: _____

Clearinghouse Contact Name: _____

Telephone Number: _____

Email Address: _____

VI. Submission Information

I authorize the setup and/or change noted above for the 835 transaction. By typing a signature below, I agree that the signature will be the electronic representation of my signature for all purposes when I use them on on this form, just the same as a pen-and-paper signature.

Reason for Submission: _____

Authorized Signature: _____