



EDI Customer ERA Registration Form

Provider/Group Name:	
TAX ID Number:	
Individual NPI Number:	Group NPI Number:
Contact Name:	
Contact Phone Number:	
Provider Office Email Address:	
Authorized Signature from Providers Office:	
Date of Authorization:	
Please indicate below which Clearing House you will be using:	
<input type="checkbox"/> RelayHealth <input type="checkbox"/> Quadax <input type="checkbox"/> Capario <input type="checkbox"/> Gateway <input type="checkbox"/> Etactics <input type="checkbox"/> BillPro	
<input type="checkbox"/> Other (Please provide the name of the Clearing House _____)	

Payments are based on the Tax id and NPI for the provider. Depending upon the payment arrangements between the provider(s) and CrestPoint Health, multiple providers may be paid under the same Pay-To Number. When a provider in a group practice requests an 835 electronic transaction, all other providers under the same Pay-To Number will also receive an 835 electronic transaction. In the event that the contract is paying to a group practice please list the **Group** pay-to NPI. Requests will be completed within 2 to 3 business days from the receipt of this form. You will be contacted by email once the setup has been completed. Please return this form by mail, fax or email to:

CrestPoint Health
Attn: EDI Support
PO Box 3620
Akron, Ohio 44309-3620
Fax: 330-996-8877

NOTE: Once the electronic ERA/835 has been setup, Paper Remits will be discontinued. To register or sign in to view or print copies of the ERA/835, please log into Plan Central at: <https://crestpoint.myplancentral.com/>

If you have any questions, contact EDI Support EDISUPPORT.crestpoint@myplancentral.com