



**DELAWARE
PHYSICIANS CARE**
AN AETNA MEDICAID PLAN™

Email: DPCIProviderRelations@aetna.com Fax: 866-886-2839

1	Provider Information					
Practice/Facility Name					Check here if you are a solo practitioner	
Tax ID				Billing NPI ID		
Practice/Facility Address	Street					
	City		State		Zip	
First Name				Contact Phone #		
Last Name				Contact Email		
Authorized Signature 1:				Authorized Signature 2:		
2	Vendor Information					
Vendor Name				Submitter ID		
Contact Name				Contact Phone #		
3	ERA Receiver Information					
Receiver ID						
Distribution Method <i>(must list one method)</i>				Distribution		
4	Payer Information					
Payer ID: 27009				NPI ID: 1366594699		

For internal use Only:

* Use all Provider ID's associated with this TIN? Y/N

* Use only the listed Provider ID's: _____

* Is Form Complete: Y/N

* Date sent to Emdeon or returned to provider: _____

* Date completed in internal web application: _____

* Date Provider Notified: _____

* Provider Service Representative Signature and Review Date: _____

ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT GUIDE

Are you using one enrollment form per Tax ID?

1. Enrollment forms containing more than one Tax ID will be returned.
2. Submit forms directly to Delaware Physicians Care.

Did you remember to put your NPI# on the enrollment form?

1. Having a valid NPI on file aids in the processing of your claims.

Has the enrollment form been signed by the appropriate individuals?

1. This form **MUST** be signed by **two people**: an authorized healthcare professional (MD, CFO, CEO, etc.) **AND** a supervisory level authorized individual (office manager, billing manager, etc.). **If you are a solo practitioner, you may have the same signature in both signature fields.**
2. Delaware Physicians Care requires an email address within this enrollment form. Enrollment will be rejected without an email address.

Have you filled out the enrollment form in its entirety?

1. Incomplete and/or illegible fields will result in the form being returned.
2. To ensure the form is legible, please type or print all requested information clearly.

Top Three ERA Enrollment Rejection Reasons:

1. Duplicate (already enrolled). Example: If provider signs a contract with a new vendor and was previously enrolled for ERA with Delaware Physicians Care, a new enrollment form is not needed.
2. TIN on enrollment form is not in the Delaware Physicians Care system.
3. Incomplete or missing information.

ERA Receiver Information and Distribution Method Choices:

1. Emdeon Office is a suite of Emdeon practice management products, which includes a multitude of provider products. Emdeon Office should only be selected if you as the provider use the suite of Emdeon Office practice management products.
2. FTP Internet- this may be an FTP log on or it may be used to list the payment manager connection. MEDICOM is the distribution method when using payment manager.
3. TSO Mailbox- this is a dial up connection.
4. NDM S Node- this is typically used for 837 claim submissions.

Please contact your vendor for additional information on which distribution method to utilize as each vendor/clearinghouse may have a different distribution method. If you do not use a vendor and have questions, please call Delaware Physicians Care Provider Relations at 1-800-286-9860.

**** There is no charge to receive ERA with Delaware Physicians Care. ****

***** If you would like to link directly with Emdeon please contact Emdeon Sales at 1-877-363-3666. There may be an additional cost associated with linking directly with Emdeon*****