Reason for Submission (CHECK ONE)	Electronic Remittance Advice (ERA) Enrollment Form	Return Completed Form to:
☐ NEW Enrollment ☐ CHANGE Enrollment ☐ CANCEL Enrollment	OPTUM®	Email: ERAEnroll@mhealth.com Fax: 1-949-923-3597 Mail: Optum Attn: Business Operations - MS 11 11 Technology, Irvine CA 92618

Please complete this form to receive electronic remittance advice for Optum and Monarch Health Plan. Upon enrollment processing, provider will receive **both** paper explanations of payment and electronic remittance advice (ERA) for 30 calendar days, after which time Provider will receive **only** ERA.

Provider Information (REQUIRED)

Provider Name:		
Provider Address:		
City:	State:	Zip Code/Postal Code:
Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):	National Provider Identifier (NPI):	

Provider Contact Information (REQUIRED)

Provider Contact Name:		Title:
Telephone Number (+Extension):	Fax Number:	Email Address:

Authorized Signature (REQUIRED)

The undersigned hereby certifies that the information provided herein is true and accurate in all respects and that he/she has been duly authorized by all necessary and appropriate corporation action, where applicable, to execute this agreement on behalf of the above mentioned Provider to form a legally binding contract. The undersigned hereby authorizes Optum and Monarch Health Plan (collectively referred to as "COMPANY") to transmit electronic remittance advice (ERA) detail for claims processed to the provider listed above. In addition, the undersigned hereby agrees that upon completion of enrollment processing, provider will receive paper explanation of payment and ERA for a period of 30 calendar days, after which time provider will receive only ERA. This Authorization is to remain in full force and effect until COMPANY has received written notification from the undersigned of its termination in such time and manner as to afford COMPANY a reasonable opportunity to act on it.

Authorized Signature:	Date:
Name:	Title:

For internal use only:

Date Received:

Vendor Type:

Vendor ID:

Date Processed: _____

Completed By: _____

Verified by: _____