

**Attention Providers!**

Texas Medicaid & Healthcare Partnership is requiring all providers to re-enroll with them in order to receive the 835 Payment Remittance Advice in the 5010 format. Please download and completely fill out the [Electronic Remittance and Status \(ER&S\) Agreement form](#) and fax to the attention of Shara Sheehan at (512) 506-3321 by June 30, 2012. Be sure to sign the agreement.

If you have never enrolled to receive the 835 remittance advice, you must also notify HealthSmart at 888-744-6638 that you would like to start receiving it.

Thank you for your cooperation.

## Electronic Remittance and Status (ER&S) Agreement

**Before your ER&S Agreement\* can be processed, you MUST choose ONE of the following:**

\* These changes affect ONLY the ELECTRONIC version of the Remittance & Status Report. To make changes to the PAPER version of the R&S report, contact TMHP Provider Enrollment.

- Set up **INITIALLY** (first time). Use Production User ID\*: 146176701 (9 digits)
- CHANGE** Production User ID FROM: \_\_\_\_\_ (9 digits)  
TO: \_\_\_\_\_ (9 digits)
- REMOVE** Production ID Remove: \_\_\_\_\_ (9 digits)

\*\* The TMHP Production User ID (Submitter ID) is the electronic mailbox ID used for downloading your Electronic Remittance & Status (ER&S) reports. For assistance with identifying and using your Production User ID and password, contact your software vendor or clearinghouse.

**This information MUST be completed before your request can be processed.**

Provider Name (must match TPI/NPI number)	Billing TPI Number	Provider Tax ID Number
Provider's Physical Address	Billing NPI Number	Provider Phone Number
Provider Contact Name (if other than provider)	Provider Contact Title	Contact Phone Number

**Do not complete this block UNLESS the ER&S will be downloaded by anyone OTHER than the provider.**

<u>HEALTH SMART</u>	<u>888-744-6638</u>
Name of Business Organization to Receive ER&S	Business Organization Phone Number
<u>CLEARINGHOUSE SUPPORT</u>	<u>888-744-6638</u>
Business Organization Contact Name	Business Organization Contact Phone No.
<u>2002 W. LOOP 289, LUBBOCK, TX</u>	<u>752727437</u>
Business Organization Address	Business Organization Tax ID
<u>79407</u>	

**Check each box after reading and understanding the following statements.**

If you are unsure about anything that is stated below, contact the TMHP EDI Help Desk at (888) 863-3638.  
All three statements must be checked before we can process your Electronic Remittance & Status Agreement.

- I (we) request to receive Electronic Remittance and Status information and authorize the information to be deposited in the electronic mailbox as indicated above. I (we) accept financial responsibility for costs associated with receipt of Electronic R&S information.
- I (we) understand that paper formatted R&S information will continue to be sent to my (our) accounting address as maintained at TMHP until I (we) submit an Electronic R&S Certification Request form.
- I (we) will continue to maintain the confidentiality of records and other information relating to recipients in accordance with applicable state and federal laws, rules, and regulations.

Provider Signature	Date
Title	Fax Number

**DO NOT WRITE IN THIS AREA — For Office Use**

Input By: _____	Input Date: _____	Mailbox ID: _____
Effective Date 07302007/Revised Date 06012007		

