

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

# Provider Setup and Electronic Remit Advice (RA) Form

For use by Clearinghouses, [Billing Organizations](#) and providers

Complete this form to request the addition or removal of electronic Remittance Advice (RA) for a provider, clearinghouse or billing intermediary. Providers may not choose to receive paper RAs; [Minnesota Statutes, 62J.536](#) requires only electronic RAs. **The MHCP provider must authorize, sign and date all changes.**

Notify MHCP whenever providers or billing organizations are **added or removed** from your list.

## Clearinghouse and Billing Organization Information

CLEARINGHOUSE OR BILLING ORGANIZATION UNIQUE MINNESOTA PROVIDER IDENTIFIER (UMPI) A334726500		CLEARINGHOUSE OR BILLING ORGANIZATION NAME G&C Claims Processing	
NAME OF PERSON COMPLETING THIS FORM Terri		ADDRESS 1807 Market Blvd	
PHONE NUMBER 651-480-8090	CITY Hastings	STATE MN	ZIP CODE 55033

## MHCP Pay-To Provider Information

PROVIDER NAME		NATIONAL PROVIDER IDENTIFIER (NPI) OR UNIQUE MINNESOTA PROVIDER IDENTIFIER (UMPI)	
AFFILIATE TO CLEARINGHOUSE OR BILLING ORGANIZATION EFFECTIVE DATE		REMOVE AFFILIATION TO CLEARINGHOUSE OR BILLING ORGANIZATION EFFECTIVE DATE	
CONTACT NAME	PHONE NUMBER	SELECT THE TYPE OF ACCESS FOR <input type="radio"/> Claim <input type="radio"/> ERA <input type="radio"/> Both	
ADD REMITTANCE MEDIA TYPE <input type="radio"/> 835 x12 <input type="radio"/> 835 PDF	REQUESTED START DATE	REMOVE REMITTANCE MEDIA TYPE (if applicable) <input type="radio"/> 835 x12 <input type="radio"/> 835 PDF	REQUESTED END DATE
PAY-TO PROVIDER PRINTED NAME		PAY-TO PROVIDER SIGNATURE	DATE

Fax this form to MHCP Provider Eligibility and Compliance: 651-431-7462

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