

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

### **MHCP Pay-To Provider Information**

PROVIDER NAME	NATIONAL PROVI	NATIONAL PROVIDER IDENTIFIER (NPI) OR UNIQUE MINNESOTA PROVIDER IDENTIFIER (UMPI)			
AFFILIATE TO CLEARINGHOUSE OR BILLI	NG ORGANIZATION EFFECTIVE DATE	REMOVE AFFILIATION TO CLEARINGHOUSE OR BILLING ORGANIZATION EFFECTIVE DATE			
CONTACT NAME	PHONE NUMBER	SELECT THE TYPE OF ACCESS FOR  Claim OERA OBoth			
ADD REMITTANCE MEDIA TYPE  (2) 835 x12 (2) 835 PDF	REQUESTED START DATE	REMOVE REMITTANCE MEDIA TYPE (if applicable) REQUESTED END DATE  835 x12			
PAY-TO PROVIDER PRINTED NAME PAY-TO		OVIDER SIGNATURE DATE			

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

# MHCP Pay-To Provider Information

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ADD REMITTANCE MEDIA TYPE  835 x12 835 PDF	REQUESTED ST	ART DATE	REMOVE REMITTANCE MEDIA TYPE (if applicable)  835 x12	REQUESTED END DATE	
PAY-TO PROVIDER PRINTED NAME		PAY-TO PROVIDER SIGNATURE		DATE	
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PAY-TO PROVIDER PRINTED NAME PAY-TO		PAY-TO PRO	OVIDER SIGNATURE	DATE	
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AFFILIATE TO CLEARINGHOUSE OR BILLING (	DRGANIZATION EFFEC	TIVE DATE	REMOVE AFFILIATION TO CLEARINGHOUSE OR BIL EFFECTIVE DATE	LING ORGANIZATION	
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