

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

Electronic Remittance Advice (RA) Request

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. [Minnesota Statutes, 62J.536](#) requires RAs be sent electronically only. **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

Check if signing electronically:

- ☒ I am signing this form electronically. My name as typed in the signature field is my legally binding signature. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (Minnesota Statutes 325L.02(h), 325L.05 and 325L.08)

PROVIDER NAME		NPI* OR 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 checked="" type="radio"/> Both	
ADD REMITTANCE MEDIA TYPE <input checked="" 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

*National Provider Identifier ** Unique Minnesota Provider Identifier

Upload this form via the [Minnesota Provider Screening and Enrollment \(MPSE\) portal](#) or fax to MHCP Provider Eligibility and Compliance: 651-431-7462