

835 Healthcare Electronic Remittance Advice (ERA) Request/Certification Form



D. Healthcare Provided Certification

The undersigned Pharmacy Provider _____ hereby certifies to US Script Inc. the following with respect to the 835 Electronic Remittance Advice:

- OPTION#1: I would like to test my ERA file for 30 days:
- Pharmacy provider will coordinate receipt of remittance test file(s) from the designated TPA/vendor.
 - Pharmacy provider acknowledges that they complete the test file(s) and use the 835 Remit data for posting to their accounting systems.
 - Pharmacy provider will notify their EDI TPA of their intention to begin ERA testing.

Note: After 30 days of testing, most paper EOB's will no longer be received.

- OPTION#2: I would like to start receiving my ERA file upon setup without testing:
- Pharmacy provider will start receiving and processing US Script, Inc. Electronic Remittance Advice (ERA) information
 - Pharmacy provider agrees upon approval of this certification and initiation of routine ERA processing, Organization will (as applicable):
 - No longer receive US Script, Inc. hard copy Remittance Advice for claims processed on the US Script, Inc. system and will solely rely on the ERA file for all Remittance Information
 - Pharmacy provider or an authorized representative of the Pharmacy organization will notify US Script, Inc. in writing of any changes or corrections required in the ERA process.

Note: Most paper EOB's will no longer be received.

Approved by:

Authorized Representative (sign below):

Title:

Printed Name:

Date:

