



PROVIDER AUTHORIZATION FOR WPS ELECTRONIC REMITTANCE ADVICE

Due to privacy regulations, this request must be submitted by the provider's office or authorized billing agent.

Check all lines of business that apply:

WPS Commercial _____ GAMP _____ EPIC Life Ins. _____
 TRICARE West Region X TRICARE For Life _____ TRICARE Overseas _____

The only version of electronic remittance available is 4010A1.

ERA PROVIDER INFORMATION

Electronic Claims WPS Submitter ID: 98366

Provider Name: _____

Provider Identification Numbers:

National Provider Identifier (NPI)

NPI

WPS Commercial/GAMP/EPIC Tax ID and applicable suffix(s)

TAX-ID SUFFIX (if applicable)

TRICARE Tax ID & Zip Code List below tax id and zip code for each location(s) that is/are requesting an electronic remittance advice (attach additional sheet if necessary):

TAX-ID PHYSICAL ZIP

Requesters Contact Name: _____

Requesters Phone #/Email Address: _____

Provider Authorized Requestor Name: _____

Authorized Signature: _____ Date: _____

If you add an additional service location in the future and wish to receive ERA for this new location, please contact WPS Electronic Data Services at 1-800-782-2680.

ERA RECEIVER INFORMATION

Who will be receiving your ERA? Please check one.

Direct _____

Billing Service _____

Clearinghouse _____

Billing Service/Clearinghouse Name: Office Ally LLC

Contact Name: Eve Du Bry

Contact Phone#: 949.464.9129

Contact Email address: info@officeally.net

Electronic Claim Payment/Advice Receiver # (assigned by WPS): _____

Effective Date: _____

Due to HIPAA requirements, only one submitter ID per provider number may be established for ERA. The submitter ID on this request will be the only recipient of ERA for the provider(s) listed.

A faxed copy or original will be accepted. Please mail or fax your completed agreement to:

Electronic Data Services
Wisconsin Physicians Service
P.O. Box 8128
Madison, WI 53708-8128

Fax (608) 223-3824