

**Electronic Data Interchange (EDI)/Electronic Remittance Advice (ERA) Enrollment Form**

1. Submission Date: \_\_\_\_\_ 2. Reason for Submission: \_\_\_\_\_  
3. Expected Monthly Volume: \_\_\_\_\_

**Provider Information**

|                    |  |                 |  |
|--------------------|--|-----------------|--|
| 4. Provider Name   |  |                 |  |
| 5. Specialty       |  |                 |  |
| 6. Provider Tax ID |  | 8. Back-up Name |  |
| 7. Provider NPI    |  | 9. Back-up NPI  |  |

**Clearinghouse/Trading Partner Information**

|                         |  |                        |  |
|-------------------------|--|------------------------|--|
| 10. Name                |  |                        |  |
| 11. Assigning Authority |  | 12. Trading Partner ID |  |

**Remittance Address Information - Must match EFT preference**

|                      |  |             |  |
|----------------------|--|-------------|--|
| 13. Payment Address  |  |             |  |
| 14. City, State, Zip |  |             |  |
| 15. Phone No.        |  | 16. Fax No. |  |

**Office Information**

|                  |  |                      |  |
|------------------|--|----------------------|--|
| 17. Contact Name |  | 20. Address          |  |
| 18. Email        |  | 21. City, State, Zip |  |
| 19. Phone No.    |  | 22. Fax No.          |  |

**Claim Contact Information (if different from Office Info)**

|                   |  |               |  |
|-------------------|--|---------------|--|
| 23. Claim Contact |  | 25. Phone No. |  |
| 24. Email         |  | 26. Fax No.   |  |

**Billing Company Information (if applicable)**

|                 |  |             |  |
|-----------------|--|-------------|--|
| 27. Billing Co. |  | 29. Contact |  |
| 28. Phone No.   |  | 30. Email   |  |

31. Signature \_\_\_\_\_

32. Title \_\_\_\_\_

Please submit completed form to:

Email: [SHP.EDISupport@sharp.com](mailto:SHP.EDISupport@sharp.com)

Fax: 858-499-8399

Mailing: Sharp Health Plan, Attn: EDI Dept, 8520 Tech Way Ste 200, San Diego, CA 92123

Questions: Please call 858-499-8378