



Vermont Medicaid 835 ERA Enrollment Form

Provider Information (Completion Required)

Provider Name: _____ VT Medicaid ID: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 TIN/EIN: _____ NPI: _____
 Trading Partner ID: _____ Taxonomy Code: _____

Contact Information (Completion Required)

Contact Name: _____
 Telephone Number (w/ Ext): _____
 Email Address: _____

Billing Agent Information (If Applicable)

Name of Provider's Authorized Agent: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Provider Agent Contact Name: _____
 Telephone Number (w/ Ext): _____
 Email Address: _____

Electronic Remittance Advice Clearinghouse Information (If Applicable)

Clearinghouse Name: _____

Electronic Remittance Advice Vender Information (If Applicable)

Vendor Name: _____

Submission Information (Completion Required)

Reason for Submission: New Enrollment Change Enrollment Cancel Enrollment

Signature

Authorized Signature: _____
 Printed Name: _____ Title: _____

Electronic Remittance Advice Information

- NPI is the sort field for the Vermont Medicaid 835
- Method of Retrieval: Download from the VT Medicaid Portal at <https://vtmedicaid.com/secure/logon.do>.

Return by E-mail vtedicoordinator@gainwelltechnologies.com or;
 Mail to Gainwell Technologies, Attn: EDI Coordinator, PO Box 888, Williston, VT 05495.

835 ERA Enrollment Form Instructions

Provider Information (all fields in this section are required)

Provider Name: Provider name must match the name used to credential with Vermont Medicaid. You may use the Provider Lookup on the vtmedicaid.com site if you are unsure. 835/ERA may only be set up for the Billing Provider on the claim.

Provider Address: Enter your physical address information used to credential with Vermont Medicaid.

TIN/EIN: Enter the Tax ID Number used to credential with Vermont Medicaid.

NPI: Enter your ten-digit National Provider Identifier. Use your group number if you have one, otherwise use your individual number. If you do not have an NPI (i.e., are an atypical provider), please skip this field.

Trading Partner ID: Enter the Trading Partner ID which the 835 will be sent to. If you are using a Clearinghouse or Billing Service, you must enter their Trading Partner ID. If you are downloading to your account then it should be your Provider Trading Partner ID. If you are establishing your own new account (i.e., submitting this with a Trading Partner Agreement), then leave this field blank. Providers using the Provider Electronic Solutions Software do not need to fill out this form.

Provider Taxonomy Code: Enter your ten-position alphanumeric taxonomy code used to credential with Vermont Medicaid.

Contact Information

Enter the name and contact information for the EDI Coordinator to use if there are questions about the information on this form.

Billing Agent Information

If you are using a billing agent other than that supplied in the Provider Address and Contact information sections, please enter agent information in this section.

Electronic Remittance Advice Clearinghouse Information

If you are using a clearinghouse to retrieve and/or process your 835, please enter the name of the clearinghouse.

Electronic Remittance Advice Vendor Information

If a vendor will be processing your 835 on your behalf, please enter the name of the vendor.

Submission Information

Enter the reason for the form submission. If you were previously receiving 835/ERA's from a different vendor choose Change Enrollment.

Signature

Authorized Signature: The provider or a provider representative (not a vendor or clearinghouse) must sign this document authorizing the 835 request.

Name: The provider or a provider representative should print their name.

Title: The provider or a provider representative should print their title.

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Mail to Gainwell Technologies, Attn: EDI Coordinator, PO Box 888, Williston, VT 05495.

Direct all questions and status requests to the EDI Coordinator at vtedicoordinator@gainwelltechnologies.com or 800-925-1706, Option 3.