



Overview

Availity® supports the exchange of electronic remittance advice (ERA) files for various payers in the ASC X12 835 format. Complete this enrollment form to receive 835 ERA files from Cigna through the Availity Web Portal. **All information on the form is required unless noted otherwise.**

The enrollment process establishes an electronic mailbox where Availity places ERA files received from Cigna. Availity requires the provider’s tax ID to establish an ERA receiver mailbox and to parse remittance transactions from Cigna. Availity will process your enrollment within three to five business days of receipt and will send you a confirmation e-mail once enrollment is complete.

Note for Billing Services and Clearinghouses:

If you are a billing service or clearinghouse that wants to receive ERAs on behalf of one or more providers, you must have each provider complete and sign an enrollment form authorizing you to retrieve its remittance files, or you must submit a copy of your power of attorney for the provider with the enrollment form.

Instructions

1. Complete the form (type all responses). For information about a field on the form, refer to the field descriptions below.

Note: If you are returning the form via e-mail, type the name of the person who would normally sign the form in the **Authorized Signature** field.

2. Return the completed, signed form to Availity via:

E-mail	Fax	Mail
1. Click the Send Form button at the bottom of the form. 2. In the Send Email dialog box, click Default email application , and then click Continue . The form will be attached to an e-mail message that is automatically addressed to: 6415@availity.com 3. Send the e-mail message.	972.383.6415	Availity, LLC P.O. Box 550857 Jacksonville, FL 32255-0857

Who do I contact if I have questions?

If you have questions about your enrollment, contact Availity Client Services at 1.800.AVAILITY (282.4548).



Field Descriptions

Section	Field	Description
PAYER INFORMATION	Payer Name	The name of the payer sending/issuing the X12 835 files.
	Payer ID	The payer's unique identifier.
RECEIVER INFORMATION	Who will receive your ERA files?	The type of organization that will receive the X12 835 files: Provider, Clearinghouse, or Vendor.
	Receiver Name	The name of the organization that will receive the X12 835 files.
	Availity Customer ID	The receiving organization's customer ID assigned by Availity. To determine your customer ID, click Who controls my access? at the top of any page in the Availity Web Portal.
	Contact Name	Name of a contact at the receiving organization (if different than the provider contact).
	Telephone Number/Ext	Telephone number of the receiving organization's contact.
	E-mail Address	E-mail address of the receiving organization's contact.
PROVIDER INFORMATION	Provider Name	Complete legal name of institution, corporate entity, practice or individual provider.
	Provider Address – Street	The number and street name where a person or organization can be found.
	Provider Address – City	City associated with provider address field.
	Provider Address – State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country.
	Provider Address – ZIP Code/Postal Code	System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities.
PROVIDER IDENTIFIERS INFORMATION	Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.
	National Provider Identifier (NPI)	A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.
	Provider Type	A proprietary health plan-specific indication of the type of provider being enrolled for ERA with specific provider type description included by the health plan in its instruction and guidance for ERA enrollment (e.g., hospital, laboratory, physician, pharmacy, pharmacist, etc.).
PROVIDER CONTACT INFORMATION	Provider Contact Name	Name of a contact in provider office for handling ERA issues.
	Telephone Number	Associated with contact person.
	E-mail Address	An electronic mail address at which the health plan might contact the provider.
	Fax Number	A number at which the provider can be sent facsimiles.

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Field Descriptions (continued)

Section	Field	Description
ELECTRONIC REMITTANCE ADVICE INFORMATION	Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)	Provider preference for grouping (bulking) claim payment remittance advice – must match preference for EFT payment. <ul style="list-style-type: none">• Provider Tax Identification Number (TIN) – Enter a TIN in the field provided if you select this option.• National Provider Identifier (NPI) – Enter an NPI in the field provided if you select this option.
SUBMISSION INFORMATION	Reason for Submission	Select one of the following options: New Enrollment, Change Enrollment, or Cancel Enrollment.
	Authorized Signature	The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment
	Printed Name of Person Submitting Enrollment	The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment.
	Requested ERA Effective Date	Date the provider wishes to begin ERA; per Phase III CORE Health Care Claim Payment/Advice (835) Infrastructure Rule Version 3.0.0: there may be a dual delivery period depending on whether the entity has such an agreement with its trading partner.



Cigna Electronic Remittance Advice Enrollment

Rev. 01.21.2014.1

PAYER INFORMATION			
Payer Name: Cigna		Payer ID: 62308	
RECEIVER INFORMATION * If different than provider contact information.			
Who will receive your ERA files?	Provider	Clearinghouse	Vendor
Receiver Name:		Availity Customer ID:	
Contact Name*:			
Telephone Number*:	Ext:	E-mail Address*:	
PROVIDER INFORMATION			
Provider Name:			
Provider Address	Street:		
	City:		
	State/Province:		ZIP Code/Postal Code:
PROVIDER IDENTIFIERS INFORMATION			
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):			
National Provider Identifier (NPI):			
Provider Type:			
PROVIDER CONTACT INFORMATION			
Provider Contact Name:		Telephone Number:	
E-mail Address:		Fax Number:	
ELECTRONIC REMITTANCE ADVICE INFORMATION			
Preference for Aggregation of Remittance Data	Provider Tax Identification Number (TIN):		
	National Provider Identifier (NPI):		
SUBMISSION INFORMATION			
Reason for Submission:	New Enrollment	Change Enrollment	Cancel Enrollment
Authorized Signature:			
Important: By typing or signing a name in this field, you acknowledge and agree that you have been authorized by the provider or its agent to initiate, modify, or terminate an enrollment. You further acknowledge and agree that you have the legal authority to perform such action on behalf of your organization. In no event will Availity be liable for any losses or damages including without limitation, indirect or consequential losses or damages, or any loss or damage whatsoever arising from loss of data or profits arising out of, or in connection with this submission.			
Printed Name of Person Submitting Enrollment:		Requested ERA Effective Date:	
SEND THE FORM VIA:	E-mail:	Fax: 972.383.6415	Mail: Availity LLC P.O. Box 550857 Jacksonville, FL 32255-0857

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