



AVAILITY ENROLLMENT FORM

PAYER ID: 07102

PAYER NAME: MEDICARE ARKANSAS PART B

Required: Submission of this form indicates the completion of the enrollment instructions.

Enter Provider Information (print or type)		
Provider Organization Name		
Provider Tax ID		Provider/Group NPI
Availity Customer ID (Required)		Provider Legacy ID (if available)
Provider Billing Address		
City	State	Zip
Authorized Name		Phone
Email Address		
Choose which transaction you are enrolling (Claims, Remits, or Both):		

Enrollment Instructions

Please click the below link to begin enrollment.

http://www.novitas-solutions.com/webcenter/content/conn/UCM_Repository/uuid/dDocName:00004540

Complete all required fields on the payer Enrollment form.

- Section C: Request for submission (Claims)
 - Add to existing submitter ID: 1940128
 - Submitter ID name: Availity LLC
 - Select ERA Change (assigning a new submitter/receiver ID in Section D)
- Section D: Electronic Remittance Advice (ERA)
 - Assign ERA to an existing submitter/receiver ID: 1940128 or
 - Maintain existing ERA setup (do not change ERA submitter/receiver ID)
- Section E: Maintain Existing Submitter/Receiver ID Setup
 - Type: Maintain All

Questions: Call Novitas EDI Analyst at 1-877-235-8073