



## Electronic Remittance Advice (ERA) Enrollment Form

Email the ERA Enrollment Form to: [FCCERA@fcchealthplan.com](mailto:FCCERA@fcchealthplan.com)

Email Subject Line: FCC ERA Enrollment

**Note:** Incomplete forms will delay the enrollment process. Every field is required.

Provider Information
Provider Name:
Street Address:
City:
State:
Zip Code:

Provider Identifiers Information
Federal Tax Identification Number:
National Provider Identifier:

Provider Contact Information
Contact Name:
Contact Number:
Email Address:

ERA Submission Signature
Authorization Signature:
Date: