

Humboldt IPA Electronic Remittance Advice Enrollment

Practice Name:	
	Phone:
Email:	Practice TIN:
•	ation or Companion Guide for your software system, please include orm. Check here if one is provided
Name: Company:	et information for your technical contact if we have any questions.
Do you require testing of t	he ERA prior to production? Yes No
Transmission Selections	<u>. </u>
	ERA files from our provider portal website or pick them up from an FTF
	from an FTP site, would you like us to host that site or would you (or
If you or your vendor is ho	sting the site, please provide login credentials: Login Name/User ID: Password:
File Naming Convention:	



Formatting Selections:

Specific values for Interchange Information Segment

(11 110	specific requirements, leave blank of	r derault)
	ISA01 (Auth Info. Qualifier):	
	ISA02 (Authorization Info):	
	ISA03 (Security Info Qualifier)	:
	ISA04 (Security Info):	
	ISA05 (Interchange ID Qualifi	er):
	ISA06 (Interchange Sender IE)): <u> </u>
	ISA07 (Interchange ID Qualifi	er):
	ISA08 (Interchange Receiver	ID):
	ISA13 (Interchange Control N	o.):
	ISA14 (Interchange Acknowle	edgement):
(,,,,,,		
Delimiter O	ptions (default is noted, if other is	required, please change it)
	Element Separator:	A -1-1 CD /1 E
		Add CR/LF
	Release Indicator:	(10 1 1 0)
	·	or (ISA16):
	Word Wrap by:	

Please return this completed form to Joseph Burkett at jburkett@humboldtipa.com

If you have any questions or concerns, please contact Joseph Burkett at 707.267.9587 or jburkett@humboldtipa.com