



## ERA Authorization Form (ERA-1)

Please Check One:  New Enrollment  Change Enrollment  Cancel Enrollment

### Provider Identification Information

Provider Name	
Provider Tax Identification Number or Employer Identification Number	
Provider National Provider Identifier (NPI)	
Provider Contact Information:	
Name	
Telephone Number	
E-Mail Address	

### Account Number Linkage Information

Account Number Linkage to Provider Identifier	
Provider Tax Identification Number or Employee Identification Number	
Provider National Provider Identifier (NPI)	

### Authorization Information

Authorized Signature	
Electronic Signature of Person Submitting Enrollment	
Written Signature of Person Submitting Enrollment	
Printed Name of Person Submitting Enrollment	
Printed Title of Person Submitting Enrollment	
Submission Date	
Requested ERA Start/Change/ Cancel Date	

### Clearinghouse Information

Official name of the provider's clearinghouse	
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### Vendor Information

Official name of the provider's vendor	
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Please return this form to [ERA.Requests@wellsense.org](mailto:ERA.Requests@wellsense.org)