Customers wanting to enroll in ERA must complete and sign VBA's Electronic Remittance Advice Enrollment Form.

Provider Information

Enter your **Provider Name**.

Enter your **Street**.

Enter your **City**, **State/Province** and **Zip Code/Postal Code**.

Provider Identifiers Information

Enter your **Provider Federal Tax Identification Number (TIN) or Employee Identification Number (EIN).**

Enter your **National Provider Identifier (NPI).**

Provider Contact Information

Enter your **Provider Contact Name.**

Enter your **Telephone Number.**

If applicable, enter your **Telephone Number Extension.**

Enter your **Email Address.**

Provider Agent Information

Enter your **Provider Agent Name.**

Enter your **Provider Agent Contact Name.**

Enter the Provider Agent Contact **Telephone Number.**

Email the Provider Agent Contact **Email Address.**

Electronic Remittance Advice Information

Enter your **Provider Tax Identification Number (TIN)**

Enter your **National Provider Identifier (NPI)**

Submission Information

Select the **Reason for Submission** – **New Enrollment**, **Change Enrollment** or **Cancel Enrollment**.

Authorized Signature

Enter the **Electronic Signature of the Person Submitting Enrollment.**

Enter the **Printed Name of the Person Submitting Enrollment**.

Enter the **Printed Title of the Person Submitting Enrollment**.

Enter the **Submission Date** in CCYYMMDD format.

Enter your **Requested ERA Effective Date** in CYMMDD format.

After completing and signing the Electronic Remittance Advice Enrollment Form, return to VBA via mail, fax or email::

Vision Benefits of America | 400 Lydia Street, Suite 300 | Carnegie, PA 15106
Phone # (800) 432-4966, ext. 8| Fax # (412) 881-4898 | Email: mis@vbaplans.com

For questions about this form or the electronic enrollment process, please contact the VBA EDI Team via mail, fax or email using the contact information above.

Customers wanting to enroll in ERA must complete and sign the form below.

You must be authorized to submit 837s in order to receive 835s.

For questions about this form or the electronic enrollment process, please contact the VBA EDI Team:

Phone # (800) 432-4966, ext. 8 | Fax # (412) 881-4898 | Email: mis@vbaplans.com

The VBA EDI team will contact you upon receipt of the completed ERA Enrollment Form.

Provider Information

Provider Name:		
Street		
City	State/Province	Zip Code/Postal Code

Provider Identifiers Information

Provider Federal Tax Identification Number (TIN) or Employee Identification Number (EIN)	
National Provider Identifier (NPI)	

Provider Contact Information

Provider Contact Name	Telephone Number
Telephone Number Extension	Email Address

Provider Agent Information

Provider Agent Name:	
Provider Agent Contact Name	Telephone Number
Email Address	

Electronic Remittance Advice Information

Provider Tax Identification Number (TIN)
National Provider Identifier (NPI)

Submission Information

Reason for Submission

☐ New Enrollment   ☐ Change Enrollment   ☐ Cancel Enrollment

Authorized Signature

Electronic Signature of Person Submitting Enrollment	
Printed Name of Person Submitting Enrollment	
Printed Title of Person Submitting Enrollment	
Submission Date	Requested ERA Effective Date