



Provider Electronic Remittance Advice (835) Request Form

The following Avera Health Plans provider gives consent to receive Electronic Remittance Advice (835) through eProvider Solutions.

Provider Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Contact Name: _____

Contact Phone Number: (____) ____ — _____

Email: _____

Tax ID: _____ Group NPI: _____

Current Clearinghouse: _____

Note: Avera Health Plans currently works with eProvider Solutions as our only clearinghouse. If eProvider Solutions is unable to work with your clearinghouse to process this request, we will notify you.

Check here to verify you have filled out the required request forms with your clearinghouse to receive 835 files from eProvider Solutions.

If you have any questions, please contact Network Services through our Service Center at 605-322-4545 or toll-free at 1-888-322-2115, 8 a.m. to 5 p.m. CT, Monday through Friday or email Providers@AveraHealthPlans.com.

Please submit completed forms to:

Email: Providers@AveraHealthPlans.com

Fax: 605-322-4540

Mail to: Avera Health Plans Network Services
5300 S. Broadband Ln.
Sioux Falls, SD 57108-2221