



835 Files/Electronic Remittance Advice Setup Form

Please provide the following information:

1. Provider Name: _____
2. Tax ID Number: _____
3. NPI Number: _____

Note: 835 files will be transmitted to a secure FTP site on a weekly basis via RelayHealth AthenaHealth Change HealthCare Choose clearing house.

I certify that I am authorized to submit this request for electronic remittance set up on behalf of the above-referenced provider.

Name (print): _____ Phone: _____

Signature: _____ Email: _____

Instructions:

Fax this completed form to FirstCarolinaCare Insurance Company at 910-715-8101 to the attention of Susan Garner, or mail form to:

FirstCarolinaCare Insurance Company
Attn: Susan Garner
42 Memorial Drive
Pinehurst, NC 28374