



STATE OF NEW HAMPSHIRE - DEPARTMENT OF HEALTH AND HUMAN SERVICES

REQUEST FOR ELECTRONIC REMITTANCE ADVICE

Enrolled Providers for the Division for Children Youth and Families

INSTRUCTIONS

This form must be completed to request an Electronic Remittance Advice via the web. Please send this completed form to:

Department of Health and Human Services
Division for Children, Youth and Families- Provider Relations
129 Pleasant Street Concord NH 03301

Once the request has been processed, you will be notified by email. The email will contain: the web site address that you use to access your Electronic Remittance Advice along with your assigned password and unique logon that you will be required to enter in order to access the web site. Please note, once this request has been processed you will no longer receive a paper Remittance Advice.

If you are requesting an Electronic Remittance Advice for multiple Resource ID Numbers, you must list each Resource ID Number on this form.

SECTION 1 (TO BE COMPLETED BY THE PROVIDER)

PROVIDER NAME (Last, First, Middle Initial)

DOING BUSINESS AS (DBA)

(If you have a business name)

ADDRESS (Street, P.O. Box)

CITY STATE ZIP

TELEPHONE NUMBER

Select EIN or SSN only (according to how you are currently enrolled)

EMPLOYER IDENTIFICATION NUMBER (EIN)

Grid for Employer Identification Number (EIN) with a hyphen separator.

OR

SOCIAL SECURITY NUMBER (SSN)

Grid for Social Security Number (SSN) with hyphen separators.

AND

BRIDGES RESOURCE ID NUMBERS

Grid for Bridges Resource ID Numbers with two columns and three rows.

INDIVIDUAL USER NAME

First Name

Middle Initial

Last Name

EMAIL ADDRESS

PROVIDER SIGNATURE

DATE

SECTION 2 (TO BE COMPLETED BY STATE OFFICE STAFF)

STATE AUTHORIZED REPRESENTATIVE'S NAME (Print)

SIGNATURE OF STATE AUTHORIZED REPRESENTATIVE

DATE RECEIVED