



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

RICK SNYDER
GOVERNOR

OLGA DAZZO
DIRECTOR

835 - Electronic Remittance Advice Request for Billing Agent Change/Update

The 835 is a HIPAA-compliant Electronic Remittance Advice (ERA) file that reports all paid and rejected claims per pay cycle. Providers requesting to change/update a Billing Agent already designated to receive an 835 through CHAMPS **must complete this form in its entirety and identify one Billing Agent per Tax Identification Number (TIN).**

Within 7-14 days of MDCH receipt of this form, the designated Billing Agent will receive 835 files electronically within their mailbox posted on the State of Michigan Data Exchange Gateway (DEG); the file name for the ERA will be 4987 and usually posts on Wednesdays or Thursdays.

REMINDER NOTE

- Every Medicaid Provider NPI within that Tax ID will be affected by requesting the 835.
- Providers requesting to receive the paper RA will receive the paper RA in addition to the ERA
- Providers must work with their designated billing agent for information on how the 835 will be posted from their billing agent to them.

Provider Tax ID Number: _____

Billing Agent CHAMPS ID: _____
(7 digits)

Contact/Provider Name and Title: _____

Contact Phone Number: [_____] _____

Contact Fax Number: [_____] _____

Contact E-Mail: _____

By signing this request, I am authorizing the Michigan Department of Community Health to establish an 835 account for the Tax ID listed above and for 835 files to be transmitted electronically to the designated Billing Agent.

Contact/Provider Signature: _____
Handwritten Signature Date

This form must be completed and submitted via:

Fax: (517) 335-5570 - Attention: 835 Request

E-Mail: AutomatedBilling@michigan.gov with attention "835 Request" in Subject Line.

Questions regarding completion of this form should be directed to AutomatedBilling@michigan.gov.

Authority: Title XIX of the Social Security Act
Completion: Is Voluntary, but is required for release of information to Billing Agents.

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