

REQUEST TO DEACTIVATE ELECTRONIC REMITTANCE

This will be effective upon receipt. The only version of electronic remittance available is 4010A1. Due to privacy regulations, this request must be signed by the provider's office.

ERA INFORMATION

Submitter ID: _____ Provider ID _____ NPI Number _____

Provider Name: _____

Provider Address: _____

City/State/Zip: _____

Contact Name: _____ Phone #: _____

E-mail address of person to be notified: _____

Reason for deactivation:

Provider Signature: _____ Date: _____

(Authorized signature of provider is one who is authorized to sign other legal documents on behalf of the provider; **(signatures from the billing service or clearinghouse are not accepted)**)

Please mail or fax this completed agreement to:

Medicare Part A & B J5 MAC

(IA, KS, MO, NE)

WPS Medicare EDI

1717 West Broadway

Madison, WI. 53713

Fax: (608) 223-3824

Phone: (866) 503-9670

Medicare Part A Legacy

(Multiple States)

WPS Medicare EDI

P.O. Box 1602

Omaha, NE 68101

Fax: (402) 995-0606

Phone: (866) 734-6656

Medicare Part B

(IL, MI, MN, WI)

WPS Medicare EDI

912 N Pentecost Drive

Marion, IL 62959

Fax: (618) 998-5170

Phone: (877) 567-7261