

Electronic Remittance Advice (ERA) Enrollment Request

Provider Information	
Provider Name	
Street Address	
City	
State/Province	
Zip Code/Postal Code	
Provider Contact Name and Title	
Provider Contact Telephone Number	
Provider Contact Fax Number	
Provider Contact Email Address	

Provider Identifiers Information	
Provider Federal Tax Identification Number (TIN) Or Employer Identification Number (EIN)	
National Provider Identifier (NPI) Or Chain Code	

Electronic Remittance Advice Information	
<input type="checkbox"/> National Provider Identifier	
<input type="checkbox"/> Provider Tax Identification	
Method of Retrieval	
<input type="checkbox"/> SFTP Push <input type="checkbox"/> Pull from website <input type="checkbox"/> Vendor*	*If using Vendor, the box below must be filled out.

Electronic Remittance Advice Vendor Information*	
Vendor Name	
Vendor Contact Name	
Telephone Number	
Email Address	

Reason For Submission
<input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Enrollment <input type="checkbox"/> Cancel Enrollment

Authorized Signature	
Printed Title of Person Submitting Enrollment	Signature
<input type="checkbox"/> I agree to the ERA Enrollment Request Terms and Conditions.	
Date	



Electronic Remittance Advice (ERA) Enrollment Request Terms and Conditions

By submitting an online Electronic Remittance Advice (ERA) Enrollment Request to Prime Therapeutics LLC ("Prime"), the independent, chain or Pharmacy Services Administrative Organization (PSAO) pharmacy (each a "Pharmacy") agrees to the following Terms and Conditions which are hereby incorporated into the applicable Pharmacy Participation Agreement(s) between Prime and Pharmacy (the "Agreement(s)"):

1. Authorizations.

- a. Pharmacy hereby authorizes and directs Prime, directly or through any intermediary designated by Prime, to submit ERAs to Pharmacy or Pharmacy's designated representative as directed in Pharmacy's ERA Enrollment Request. This revokes and replaces any existing ERA authorization or direction on file with Prime pertaining to Pharmacy.
- b. This Authorization shall remain in full force and effect until the first of the following to occur: (i) Prime receives from Pharmacy a new or modified ERA Enrollment Request or other written communication indicating revocation of the existing ERA authorization, or (ii) Pharmacy's status with Prime changes such that ERA reports are no longer to be made directly to Pharmacy but instead to a third party, whether by operation of law or pursuant to the terms of the Agreement(s) or any amendment(s) thereto (each a "Notice of Status Change"). Revocation will be effective within a reasonable period of time, not to exceed thirty (30) days, following Prime's receipt of Pharmacy's revocation or a Notice of Status Change. Revocation will not apply to ERA transactions initiated prior to the effective date of the revocation. Notwithstanding the foregoing, Prime may cease providing ERA services at any time upon notice to Pharmacy.
- c. Prime is authorized to communicate with the individual(s) identified on the Enrollment Request under the heading "Provider Contact Information" and to rely upon information and instructions received from such individual(s) as being authorized on behalf of Pharmacy. If Pharmacy has designated a Reconciliation Company or other third party vendor to receive ERAs on its behalf, Pharmacy authorizes Prime to communicate with such party regarding Pharmacy's ERAs.
- d. By submitting the ERA Enrollment Request, the Individual Authorizing the request on behalf of Pharmacy hereby certifies that: (i) Pharmacy hereby authorizes and directs the ERA transactions described in the Enrollment Request; (ii) all information contained in the Enrollment Request is true and accurate in all respects, and Prime is authorized to rely upon such information without further inquiry; and (iii) the individual has actual authority to electronically sign the Enrollment Request on behalf of Pharmacy.

2. **HIPAA Compliance.** In order to comply with the Health Insurance Portability and Accountability Act as amended and the regulations promulgated thereunder (collectively, "HIPAA"), if Pharmacy utilizes a Reconciliation Company or other third party vendor to receive ERAs from Prime, Pharmacy acknowledges that such third party will be required to enter into a Trading Partner Agreement with Prime prior to receiving ERAs for Pharmacy.

3. **Term.** These Terms and Conditions will remain in effect for as long as Pharmacy's directions in the Enrollment Request remain in effect.

4. **Remedies.** In the event any information submitted in the Enrollment Request or any certification stated in these Terms and Conditions is determined to be materially false, inaccurate or misleading, Prime may, but shall not be required to, discontinue handling ERAs in accordance with the Enrollment Request, provide ERA information to Pharmacy in any commercially reasonable manner, and/or proceed in any other manner permitted by the Agreement(s) or by law.

5. Miscellaneous

- a. Capitalized terms that are not defined in these Terms & Conditions shall have the meaning given in the Agreement(s).
- b. These Terms and Conditions will be governed by the laws of the State of Minnesota, exclusive of its choice of law rules.
- c. These Terms and Conditions shall be binding upon the parties hereto and their respective heirs, executors, successors and/or assigns.
- d. No amendment to these Terms and Conditions shall be binding unless in writing and signed by both parties, provided, however, that Prime may modify them to comply with applicable law upon reasonable notice to Pharmacy.