

EDI ERA ENROLLMENT FORM (VENDOR INFORMATION)

PROVIDER IDENTIFIERS INFORMATION

Other Identifier(s)

- Trading Partner ID:
 - NY Medicare Queens (GHI) = NYBQ11383
 - NY Medicare Downstate (Manhattan/Bronx/Brooklyn/Long Island - Empire Medicare) = CH0000549
- Provider Type: The specialty associated with the provider for the line of business (e.g., hospital, laboratory, physician, pharmacy, pharmacist, etc.). Please select the most appropriate option from the drop down list. This field is not required.

PROVIDER AGENT INFORMATION

- Provider Agent Name: MDLAND
- Agent Address:
 - Street Address: 15 E 32nd Street
 - City: New York
 - State/Province: NY
 - Zip Code/Postal Code: 10016
 - Country Code: US
 - Provider Agent Contact Name: Support
 - Title: Support
 - Telephone Number: 212-363-8000
 - Telephone Number Extension #2
 - E-mail Address: support@mdland.net
 - Fax Number: 212-937-3158

ELECTRONIC REMITTANCE ADVICE INFORMATION

- Method of Retrieval: Clearinghouse

ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION

- Clearinghouse Name: MDLAND
- Clearinghouse Contact Name: Support
- Telephone Number: 212-363-8000
- E-mail Address: support@mdland.net

ELECTRONIC REMITTANCE ADVICE VENDOR INFORMATION

- Vendor Name: MDLand
- Telephone Number: 212-363-8000
- E-mail Address: jay.sturm@mdland.net