



5010 Electronic Remittance Advice (ERA) Migration Form

Submitter Name: _____

Address: _____

Contact Name: _____ **Contact Phone Number:** _____

Highmark Medicare Services Electronic Data Interchange (EDI) requires a minimum of one business day advance notice to complete your migration request. Business hours are from 8:30AM to 4:30PM. This form should only be used by EXISTING ERA customers requesting to be migrated from version 4010A1 to version 5010.

Effective _____ 2011, please update my existing submitter number _____ to production version 5010 835 ERA. As of this effective date, I understand that I will no longer receive version 4010A1 ERA.

SIGNATURE:

By signing below, I attest to the fact that I am authorized to sign the document on behalf of the party identified above.

Signature _____ Date _____

Printed Name _____ Title _____

Please fax your completed 5010 ERA Migration Form to Highmark Medicare Services EDI at (717) 302-4252.

Your request must be received one business day prior to your requested effective date.
Incomplete 5010 ERA Migration forms, or those signed incorrectly, will not be processed.