

ERA/835 Request Form

Provider Name: [Click here to enter text.](#)

Business Name as Listed on Your Taxes: [Click here to enter text.](#)

Tax ID Number: [Click here to enter text.](#)

Payee ID: [Click here to enter text.](#)

Provider NPI: *(Please do not submit your organizational NPI)* [Click here to enter text.](#)

Checking Account Number/ Bank ID: [Click here to enter text.](#)

Where would you like your 835 Electronic Remittances Posted?

Skygen USA Provider Web Portal

Office SFTP (Secure FTP Site)

(Please include log on Credentials for Skygen USA to access your Office SFTP site)

User ID: [Click here to enter text.](#)

Password: [Click here to enter text.](#)

Submit 835 Electronic Remittances to my Clearinghouse: [Click here to enter text.](#)
(Enter the Name of your preferred Clearinghouse)

Office Contact information for additional questions:

Requestor Name: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

E-Mail Address: [Click here to enter text.](#)

[Click here to enter text.](#)
(Signature of Office Representative)

[Click here to enter a date.](#)
(Date)

Please email completed form to ProviderServices@skygenusa.com or Fax to 262-721-0722.