

Provider Remittance Advice (RA)

This form should be used to let us know if you prefer to suppress or receive paper copies of your remittance advice. Please note: **This only applies to providers registered with Optum Health Financial for electronic funds transfer (EFT).**

Paper suppression preference

Provider/Office name _____

TIN# _____ Payer ID: UMR01 *(Internal use only)*

I would prefer to:

- ☐ Suppress paper remittance advice from being sent to my location
- ☐ Receive paper remittance advice at my location

If this change should only affect specific policies, provide the policy number(s).

Policy number(s) _____

Requestor's name _____

Requestor's telephone number _____ - _____ - _____

Please be advised that this request may take up to 10 business days to take effect. Additionally, RAs for claims that may involve surprise billing are required to be mailed under GEHA policy and are not included in paper suppression.

SUBMIT FORM

This form can be submitted via email to:
psr_team@mygeha.com