Provider Remittance Advice (RA)
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 you would like this change to affect only specific policies, please provide the policy number: _____

Requestor's Name: _____

Requestor's Telephone #:

Please be advised, this request may take up to 10 business days to take effect.

Thank you