



**FLORIDA COMPLETE CARE ELECTRONIC REMITTANCE ADVICE  
(ERA) ENROLLMENT FORM**

Email the **ERA Enrollment Form** to [FC2ERA@floridacomplecare.com](mailto:FC2ERA@floridacomplecare.com)

The Email Subject should read: Florida Complete Care ERA Enrollment

Note: Incomplete forms will delay the enrollment process.  
Every field is **required**.

**PROVIDER INFORMATION**

**Provider Name:**

**Provider Address:**

**City:**

**State:**

**Zip:**

**PROVIDER IDENTIFIERS INFORMATION**

**Provider Federal Tax Identification Number:**

**National Provider Identifier:**

**PROVIDER CONTACT INFORMATION**

**Contact Name:**

**Contact Number:**

**Email Address:**

**ERA SUBMISSION SIGNATURE**

**Authorization Signature:**

**Date:**