

WHICH FORMS SHOULD I COMPLETE?

- Send an email to payerenrollment@officeally.com with the following details to complete enrollment:
 - o Email Subject: Medicaid Rhode Island_EDl Enrollment Request_(insert NPI)
 - o Email Body: Please complete enrollment for MCDRI with the following details:
 - Provider Name:
 - Provider Address:
 - Phone Number:
 - Provider NPI:
 - Provider Tax ID:
 - Contact Name:
 - Contact Email Address:
 - Transactions: (837, 835, or 837&835)

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 5 business days.

HOW DO I CHECK STATUS?

- Office Ally will email you a confirmation when the enrollment has been processed and approved.