



# MEDICARE INDIANA (MR089) PRE-ENROLLMENT INSTRUCTIONS

## WHICH FORM(S) SHOULD I DO?

- Providers can complete the EDI Express Enrollment online by clicking [here](#).
  - Select that you are a healthcare provider
  - Select the EDI transaction: 5010 837 Professional Claim Inbound (CMS 1500)
  - Enter Office Ally's Trading Partner ID **ZH2C0000** and click Validate
  - Select INDIANA J8 B
  - Review the Mock Agreement
  - Complete the contact information
  - Enter the following information for Clearinghouse Information:
    - Name: Office Ally
    - First Name: Customer
    - Last Name: Service
    - Contact Title: Customer Service
    - Phone Number: (360) 975-7000
    - Email: [Support@officeally.com](mailto:Support@officeally.com)
  - Enter your Business Information
    - Use a **valid physical address** for the business
  - Enter the provider identifying information (Tax ID/NPI/PTAN)
  - Click **Complete & Submit** to sign the agreement

## WHAT IS THE TURNAROUND TIME?

- You will receive an email with confirmation of your enrollment within 30-45 minutes

## HOW DO I CHECK STATUS?

- Once you receive confirmation that you have been linked to Office Ally, you **MUST** email [Support@officeally.com](mailto:Support@officeally.com) with the below information **PRIOR** to submitting claims electronically

Email Subject: MEDICARE INDIANA (MR089) – EDI Approval

Body of Email:

Please log my EDI approval for MEDICARE INDIANA

- Provider Name
- NPI
- Tax ID