

**WHICH FORMS SHOULD I COMPLETE?**

- **Electronic Transfer Remittance Advice Form**

**WHERE SHOULD I SEND THE FORM(S)?**

- Email to [payerenrollment@officeally.com](mailto:payerenrollment@officeally.com)
- Email Subject: ERA Enrollment Request\_Group Health Coop Eau Claire\_(insert your NPI)

**WHAT IS THE TURNAROUND TIME?**

- Standard Processing Time is 7-14 business days.

**HOW DO I CHECK STATUS?**

- Office Ally will email you the status of the enrollment approval after the allotted turnaround timeframe.



# Electronic Transfer Remittance Advice Form

**Please complete all sections below to be set up for the electronic transfer of 835 remittance advice.**

<b>Provider Name:</b> _____	
<b>Provider Address:</b> _____	
<b>Tax ID(s):</b> _____	
<b>NPI(s):</b> _____	
<b>Name/Title:</b> _____	<b>Signature:</b> _____

**Which type of enrollment request?** (Please place an 'X' next to applicable options listed below.)

<input type="checkbox"/> New enrollment (when do you want it to take effect)	Effective Date: _____
<input type="checkbox"/> Change in enrollment (such as a switch in clearing houses)	Effective Date: _____
<input type="checkbox"/> Cancel enrollment (specify cancellation effective date)	Effective Date: _____

**Which type of file transfer?**

**Route to a clearing house** (specify effective date & contact info)      **Effective Date:** \_\_\_\_\_

Clearing House Name: \_\_\_\_\_

Clearing House Email: \_\_\_\_\_

**If working with a clearing house, please follow their enrollment process.**

**Group Health Cooperative Secure FTP (must be able to ingest X12 835 standard format file):**

- SFTP connection: <https://sftp.group-health.com>
  - o Connection set up form will be sent to the Business contact below
- If file level encryption is also required:
  - o PGP encryption key will be provided to the Technical contact email address below.
- If using a SFTP connection, please fax completed forms to EDI Operations at **(715) 552-3500**.

**Information provided below for your setup:**

Group Health Cooperative • Tax ID: 396252984 • NPI: 1295800738 • Payer ID: 95192	Group Health Cooperative Values • Sender/Receiver ID Qualifier: ISA 05 30 • Sender/Receiver ID: ISA 06 396252984 GS 02 Provider Tax ID#	
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<p><b>Business Contact</b></p> <p>Name: _____</p> <p>Title: _____</p> <p>Organization: _____</p> <p>Phone: _____</p> <p>Email: _____</p>	<p><b>Technical Contact (internal or clearing house)</b></p> <p>Name: _____</p> <p>Title: _____</p> <p>Organization: _____</p> <p>Phone: _____</p> <p>Email: _____</p>
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Please contact EDI Operations at [EDIOperations@group-health.com](mailto:EDIOperations@group-health.com) or **(888) 203-7770** if you have questions.