

WHICH FORMS SHOULD I COMPLETE?

- [Palmetto GBA EDI Online Enrollment](#)
- Select your State: **NC**
- Customer Type: **Existing**
- Action Type: **Add provider to an existing Submitter ID**
- Click **Next**
- Choose your Option: **Change Clearinghouse or Billing Service**
- What transaction(s) do you want the EDI Submitter to perform: If you wish to only enroll for Claims check **Submit Claims**, or if you wish to enroll for both claims and remittance also click **Receive Electronic Remittances**
- Click **Next**
- Complete the Provider Information & Contact Information sections
- Submitter Information
 - o Submitter ID: **U076**
 - o Receiver ID: **U076**
 - o Submitter Name: **Office Ally, Inc**
 - o Type of Submitter: **Clearinghouse**
 - o Submitter Address: **PO Box 872020, Vancouver, WA 98687**
 - o Submitter Contact Information: payerenrollment@officeally.com; Phone: **360-975-7000**; Fax: **360-896-2151**
 - o Submitter Contact: **Beth Wolskij; VP of Product**
- Click **Next**
- Complete the Provider Authorization Form, review and click **Submit**
- Document the tracking number to be used to check status

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 15 business days

HOW DO I CHECK STATUS?

- Check on the enrollment status through the [EDI Enrollment Status Tool](#) using the tracking number from your submitted enrollment.
- For claim enrollments, once you receive confirmation that you have been linked to Office Ally, you **MUST** email payerenrollment@officeally.com **PRIOR** to submitting claims electronically.
 - o Email Subject: Medicare North Carolina Part B (11502) – EDI Approval
 - o Body of Email:
 - Please log my EDI approval for Medicare North Carolina Part B
 - Provider Name
 - NPI
 - Tax ID
 - PTAN