



SOUTH COUNTRY HEALTH ALLIANCE (81600) ERA ENROLLMENT INSTRUCTIONS

WHAT FORM(S) SHOULD I DO?

- [Electronic Remittance Advice \(ERA\) Authorization Agreement](#)
 - Clearinghouse Name: **Office Ally**
 - Clearinghouse Contact First Name: **Customer**
 - Clearinghouse Contact Last Name: **Support**
 - Contact Person Telephone Number: **360-975-7000 opt 1**
 - Email Address: Support@officeally.com

WHERE SHOULD I SEND THE FORM(S)?

- The Electronic Remittance Advice (ERA) Authorization Agreement is submitted online.

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 5-7 business days.

HOW DO I CHECK STATUS?

- To check on the status of your enrollment, call (888) 633-4055.