

WHICH FORMS SHOULD I COMPLETE?**Trading Partner Agreement and Connectivity Form**

- The form can be signed by the provider (if for a solo doctor) or the president, CERO, or owner of the group (if for a group)
- This payer returns ERAs automatically once electronic claim submission begins

- Section II. Clearinghouse Information:
 - o Clearinghouse Name: **Office Ally**
 - o Contact Name: **EDI Enrollment Department**
 - o Title: **N/A**
 - o Contact email: payerenrollment@officeally.com
 - o Phone: **360-975-7000**
 - o Address: **PO Box 872020, Vancouver, WA 98687**
 - o **Tax ID: 330897513**

WHERE SHOULD I SEND THE FORM(S)?

- Form is completed online

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 10 Business Days.

HOW DO I CHECK STATUS?

- Approximately 7-10 business days after Alliance BH receives your form, they will assign a Provider ID.
- If you do not receive a notification from Alliance Health, email EDINotifications@alliancehealthplan.org and ask if your Trading Partner Agreement and Connectivity Form has been processed and what your assigned Provider ID is.
- Once you receive confirmation that you've been linked to Office Ally, you may begin submitting your claims electronically.