



ALLIANCE BEHAVIORAL HEALTH (23071) PRE-ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- **Electronic Connectivity Request (ECR)**
 - The form can be signed by the provider (if for a solo doctor) or the president, CEO, or owner of the group (if for a group)
 - Payer returns ERAs automatically once electronic claim submission begins

WHERE SHOULD I SEND THE FORM(S)

- Email the form to: edinotifications@alliancehealthplan.org

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 7-10 business days

HOW DO I CHECK STATUS?

- Approximately 7-10 business days after Alliance BH receives your form, they will assign a Provider ID. Call Office Ally Customer Service department at (360) 975-7000 option 1 and supply your name, OA username, Billing NPI and new Provider ID.
- If you DO NOT receive notification from Alliance Health or email EDINotifications@alliancehealthplan.org Ask if your Electronic Connectivity Request (ECR) has been processed and what your assigned Provider ID is.



Electronic Connectivity Request

Please complete the following form and email to edinotifications@alliancehealthplan.org
A Connectivity Request is required for each Provider.

PROVIDER NAME		NATIONAL PROVIDER ID	
BUSINESS NAME (if applicable)			
CONTACT NAME		TITLE	
PHYSICAL ADDRESS (PO BOX NOT ALLOWED)		CITY	STATE ZIP CODE
PHONE NUMBER	EMAIL ADDRESS (REQUIRED)		
SOFTWARE VENDOR/CLEARINGHOUSE NAME OFFICE ALLY (CLEARINGHOUSE)		CONTACT NAME CUSTOMER SERVICE	TITLE
PHONE NUMBER 360-975-7000 OPTION 1	EMAIL ADDRESS (REQUIRED) SUPPORT@OFFICEALLY.COM		
BILLING SERVICE/THIRD PARTY BILLER NAME (Not a clearinghouse)		CONTACT NAME	TITLE
MAIL ADDRESS		CITY	STATE ZIP CODE
PHONE NUMBER	EMAIL ADDRESS (REQUIRED)		

Type of Sender: Provider Clearinghouse Billing Service

Sender/Receiver Federal Tax ID: 330897513 (OFFICE ALLY)

Print Provider Name (Required)

Provider Authorized Signature (Required)

Title

Date