



ALLIANCE BEHAVIORAL HEALTH (23071) PRE-ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- [Trading Partner Agreement and Connectivity Form](#)
 - 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

Section II. Clearinghouse Information:

Clearinghouse Name: Office Ally
Contact Name: Customer Service
Title: N/A
Contact email: support@officeally.com
Phone: 360-975-7000 opt 1
Address: PO Box 872020 Vancouver, WA 98687
Tax ID: 330897513

WHERE SHOULD I SEND THE FORM(S)

- Form is completed online

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. **Please 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 Trading Partner Agreement and Connectivity Form has been processed and what your assigned Provider ID is.