WHICH FORMS SHOULD I COMPLETE?

- Complete the Provider Enrollment Transmission Authorization (page 2)

WHERE SHOULD I SEND THE FORM(S)?

- Email and attach the completed Enrollment Form to productionsupport@assertus.com
  - o **Email Subject:** 837 Claims Enrollment Request_Office Ally
  - o **Email Body:**
    Please process my attached 837 enrollment request to link to Office Ally as my clearinghouse.

WHAT PAYERS ARE INCLUDED IN THIS ENROLLMENT?

Payer Name	Payer ID
BCBSVI	00965
MAPFRE	46000

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 5 Business Days.

HOW DO I CHECK STATUS?

- Once you have emailed the form to Assertus, you may begin submitting your electronic claims to the payer after 5 business days.

IMPORTANT NOTE

- **The payer(s) automatically return ERAs once electronic claim submission begins through Office Ally.**

![assertus logo - YOUR HEALTHCARE TECHNOLOGY PARTNER]

PROVIDER ENROLLMENT
TRANSMISSION AUTHORIZATION

By completing and signing this authorization, the healthcare Provider is authorizing Assertus Holdings, LLC to interchange its electronic Healthcare transactions with the Trading Partner acting as a Delegate Transmission Site for the Healthcare Provider as reported hereunder.

Delegate Transmission Site	Site Account Number	NPI
Office Ally	OfficeAllyCH	

Provider Name	Phone	Fax
	( ) Ext.	( )

Type	Email
☐ Solo Practitioner ☐ Group Practice	

Street Address	Postal Address ☐ Same as Street Address
PR -	PR -

Notes:

Authorization

Hereby, I certify that I'm the Provider referenced above or an authorized representative and that the reported NPI on this form belongs to the Provider referenced above, and I authorize ASSERTUS Holdings, LLC for the interchange of related health care transactions thru the Delegate Transmission Site reported on this form. I understand that this authorization will remain active until canceled in writing. I also understand that it is my responsibility to monitor that every claims file submitted to Assertus has a positive confirmation receipt received and that I need to report to Assertus any missing confirmation receipts.

Billing Provider Authorized Signature	Date:	ASSERTUS Authorized Signature	Date:

Approved 2019