

WHICH FORMS SHOULD I COMPLETE?

- [EDI Claims Enrollment Online Form](#)
- **Clearinghouse Name:** Office Ally, Inc (330897513)
- Reminder: Prior to setting up Electronic Data Interchange (EDI) claims submission with the Alliance, a minimum of one paper claim must have been submitted to the Alliance so that a record for the office can be configured.

WHERE SHOULD I SEND THE FORM(S)?

- Submit online through payer website.

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 2-5 business days.

HOW DO I CHECK STATUS?

- Send an email to edisupport@ccah-alliance.org or call (800) 700-3874.
- **Once you receive confirmation that you have been linked to Office Ally, you MUST email payerenrollment@officeally.com PRIOR to submitting claims electronically.**
 - o **Email Subject:** Central California Alliance for Health ECM/CS (CCA10) – EDI Approval
 - o **Body of Email:** Please log my EDI approval for Central California Alliance for Health (CCA10)
 - Provider Name:
 - Provider NPI:
 - Provider TIN:
 - Medicaid Provider ID (if applicable):