

CAHABA GBA - RURAL MEDICARE - PART A (10301) PRE-ENROLLMENT INSTRUCTIONS



WHICH FORM(S) SHOULD I DO?

- [EDI Services Part A Enrollment Application](#)
 - Select Rural Health Clinic under State
 - Select “Using a Billing Service/Clearinghouse” under Data Interchange Information - Claims
 - Submitter ID: TN000214
 - Select “Using a Billing Service/Clearinghouse” under Data Interchange Information Remittance Advice
 - Submitter ID: TN000214
 - Clearinghouse Name: Office Ally
 - Mailing Address: PO Box 872020, Vancouver, WA 98687
 - Phone Number: 360-975-7000
 - Contact Name: Customer Service
 - Email Address: info@officeally.com
 - Check “N” when asked if we will access FISS on your behalf
 - Leave the Vendor information blank (not needed)
 - Office Ally doesn’t support 276/277 for Cahaba GBA
 - Once the form is filled out, print (including the cover sheet) and fax

WHERE SHOULD I SEND THE FORM(S)?

- Fax form (including cover sheet) to (205) 402-5706

WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- Approximately 7 business days

HOW DO I CHECK STATUS?

- Call (866) 582-3253 or email PartAEDIServices@cahabagba.com and ask if you have been linked to Office Ally’s Submitter ID **TN000214**.
- Once you receive confirmation that you’ve been linked to Office Ally, you **MUST** contact Office Ally at (360) 975-7000 Option 1 and let us know **BEFORE** you submit claims electronically.