



CONTRA COSTA HEALTH PLAN (CCPL1) PRE-ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- **Contra Costa Health Plan Pre-enrollment Form**
 - **Note:** Payment and Provider Information must match the Payer's system.

WHERE SHOULD I SEND THE FORM(S)?

- Email the **Contra Costa Pre-enrollment Form** to chuck@docustream.com

WHAT IS THE TURNAROUND TIME?

- Standard processing time for pre-enrollment is 7-10 business days.

HOW DO I CHECK STATUS?

- Call Office Ally at (360) 975-7000 Option 1 or email Support@officeally.com to ask if you have been approved to submit your claims electronically.



CONTRA COSTA HEALTH PLAN (CCHPL) PRE-ENROLLMENT FORM

Payment and Provider information must match the Payer's system for enrollment. Payer will match on Name, Tax ID, Zip Code and Payment Address. It is important for the Payment Name and Address to contain the correct PO Box or File Number if applicable. This information must also be sent on electronic claims to avoid rejections.

Payment Information (Name, PO Box or File Number, if applicable) should match W-9 information.

CLAIM SUBMISSION

Professional Claims

Institutional Claims

PAYMENT INFORMATION

Pay-To Organization or Provider Name: _____

Address: PO Box or File Number (if applicable) _____

City: _____ State: _____ Zip Code: _____

National Provider Identifier (NPI): _____

Provider Federal Tax Identification Number (TIN): _____

PROVIDER INFORMATION (IF DIFFERENT FROM PAYMENT INFORMATION)

Provider Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

National Provider Identifier (NPI): _____

Provider Federal Tax Identification Number (TIN): _____

SERVICE FACILITY INFORMATION

Provider Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

National Provider Identifier (NPI): _____

Provider Federal Tax Identification Number (TIN): _____