

WHICH FORMS SHOULD I COMPLETE?

Send an email to payerenrollment@officeally.com as follows:

- Subject: ICARE (26054) EDI Enrollment_(insert your NPI)
- Body: Please process the EDI Enrollment for ICARE (26054) with the below information:
 - Provider Name:
 - Provider Type (**Individual** or **Group**):
 - Provider NPI:
 - Provider TIN:
 - Physical Address (cannot be a PO Box):
 - Payer: ICARE
 - Payer ID: 26054
 - Is the provider a **New submitter** or **Existing submitter** with ICARE?

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is approximately 14 business days.

HOW DO I CHECK STATUS?

- Once Office Ally completes the enrollment registration with the vendor, you will receive a response back on your email once enrollment is finalized/complete.