

**WHICH FORMS SHOULD I COMPLETE?**

- **837 Transaction:** [Electronic Claims Sender Request Form](#)
- **835 Transaction:** [Application for Electronic Remittance Advice 835 \(ERA\)](#)
- **837 & 835 Transaction:** [Independent Health Electronic Transaction Agent Designation Letter](#)

**Who can sign the Form(s)?**

The Provider, CEO, President, or Owner of group/practice/corporation

**WHERE SHOULD I SEND THE FORM(S)?**

- Email to [e-commerce@independenthealth.com](mailto:e-commerce@independenthealth.com)

**WHAT IS THE TURNAROUND TIME?**

- Standard Processing Time is 10-14 business days.

**HOW DO I CHECK STATUS?**

- The payer will send an approval letter directly to the provider.

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- **You may not begin submitting your electronic claims until you notify Office Ally of the approval by emailing [payerenrollment@officeally.com](mailto:payerenrollment@officeally.com) as follows:**
  - o **Email subject:** Independent Health (95308) 837 Enrollment Approval\_(insert Tax ID)
  - o **Email Body:** Please log my 837 Claims Enrollment Approval with the following details:
    - Provider Name:
    - Provider Tax ID:
    - Provider NPI(s):
    - Alt ID (3 characters) received from Independent Health: