

MEDICARE INDIANA (MR089) PRE-ENROLLMENT INSTRUCTIONS



WHAT FORM(S) SHOULD I DO?

- Providers can complete the EDI Express Enrollment on line by clicking [here](#).
 - Select that you are a healthcare provider
 - Select the EDI transaction: 5010 837 Professional Claim Inbound (CMS 1500)
 - Enter Office Ally's Trading Partner ID **ZH2C0000** and click Validate.
 - Select INDIANA J8 B
 - Review the Mock Agreement
 - Complete contact information
 - Enter the following information for the Clearinghouse Information
 - Name: Office Ally
 - First Name: Customer
 - Last Name: Service
 - Contact Title: Customer Service
 - Phone number: (360) 975-7000
 - Email: Support@officeally.com
 - Enter your Business information
 - Use **valid physical address** for the business
 - Enter Tax ID
 - Click **Complete & Submit** to sign the agreement

WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- You will receive an email with confirmation of your enrollment within 30-45 minutes.

HOW DO I CHECK STATUS?

- Once you receive confirmation that you've been linked to Office Ally, you must email support@officeally.com with the below information prior to submitting claims electronically.

Email Subject: MEDICARE INDIANA (MR089) - EDI Approval

Body of Email:

Please log my EDI approval for MEDICARE INDIANA.

- Provider Name
- NPI
- Tax ID
- Line of business (837P/837I)