



MEDICARE FLORIDA PART B (MR025) PRE-ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- [Electronic Data Interchange \(EDI\) Enrollment Form](#)

WHERE SHOULD I SEND THE FORM(S)?

- Email to MedicareEDI@fcso.com; OR
- Fax the form(s) to (904) 361-0470; OR
- Mail to:

First Coast Medicare EDI
P.O. Box 3703
Mechanicsburg, PA 17055-1861

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 3-4 weeks.

HOW DO I CHECK STATUS?

- Call (888) 670-0940 and ask if you have been linked to Office Ally's Submitter ID **P4888**.
- Once you receive confirmation that you have been linked to Office Ally, you must email Support@officeally.com with the below information prior to submitting claims electronically.

Email Subject: Medicare Florida Part B (MR025) – EDI Approval

Body of Email:

Please log my EDI approval for Medicare Florida Part B.

- Provider Name
- NPI
- Tax ID