



MEDICARE HHH J15 (15004) PRE-ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- [CGS EDI Application](#)
 - Reason for Submission: **Add Provider(s)**
 - Line of Business: **HHH 15004**
 - Input Submitter ID: **CH15000020** (*for both 837 and 835*)
 - Type of Submitter: **Clearinghouse**
 - Submitter ID Entity Name: **Office Ally**
 - EDI Contact Person: **Customer Service**
 - Submitter Phone Number: **(360) 975-7000 Ext 1**
 - Submitter E-Mail Address: Support@officeally.com
 - Submitter Address 1: **PO Box 872020**
 - Submitter City: **Vancouver**
 - Submitter State: **WA**
 - Submitter Zip: **98687**
 - Network Service Vendor: **ECC**

WHERE SHOULD I SEND THE FORM(S)?

- Form is submitted online

HOW DO I CHECK STATUS?

- Call (877) 299-4500 and ask if you have been linked to Office Ally's Submitter ID **CH15000020**.
- Once you receive confirmation that you have been linked to Office Ally, you **MUST** contact Office Ally at (360) 975-7000 Option 1 **PRIOR** to submitting claims electronically.

HOW DO I ENROLL TO RECEIVE ERAS?

- There is no separate form for Electronic Remittance Advice (ERA/835). Upon completion of the EDI application, you will automatically be enrolled to receive Electronic Remittance Advice. Paper remits will no longer be sent out.