

WHICH FORMS SHOULD I COMPLETE?

- [CGS EDI Online Application](#)
- Reason for Submission: **Change/Update Submitter Information**
- Line of Business: **HHH 15004**
- Input Submitter ID: **CH15000020 (For both 837 and 835)**
 - o 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 by payer.
- Type of Submitter: **Clearinghouse**
- Submitter ID Entity Name: **Office Ally**
- EDI Contact Person: **EDI Enrollment Department**
- Submitter Email: payerenrollment@officeally.com
- Submitter Address: **PO Box 872020, Vancouver, WA 98687**
- Name of Software Vendor: **leave blank**
- Network Service Vendor: **ECC**
- Provider Information: **complete all details for provider enrolling**

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 10 business days

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've been linked to Office Ally, you may begin submitting your claims electronically.**