

WHICH FORMS SHOULD I COMPLETE?

- Providers can complete the EDI Express Enrollment online by clicking [here](#).
 - o Select that you are a Healthcare Provider
 - o Select the EDI Transaction which you will be submitting:
 - 5010 837 Institutional Claim Inbound (UB-04)
 - o Enter Office Ally's Trading Partner ID **98366** and click Validate
 - o Select J5 NATIONAL
 - o Review the Mock Agreement
 - o Complete the contact information
 - o Enter the following information for the Clearinghouse Information:
 - Name: Office Ally
 - First Name: EDI Enrollment
 - Last Name: Department
 - Contact Title: EDI Enrollment Management
 - Phone Number: (360) 975-7000
 - Email: payerenrollment@officeally.com
 - o Enter your business information
 - Use a valid physical address for the business
 - o Enter the requested Provider information
 - o Click Complete & Submit to sign the agreement

WHAT IS THE TURNAROUND TIME & HOW DO I CHECK STATUS?

- You will receive a status email directly from WPS within 2-5 business days.
- **Once you receive confirmation that you've been linked to Office Ally, you may begin submitting your claims electronically.**