



MEDICARE OHIO (15202) PRE-ENROLLMENT INSTRUCTIONS

WHAT FORM(S) SHOULD I DO?

- [J15 EDI Enrollment Agreement Form](#)
- [J15 EDI Application](#)
 - Line of Business/Payor ID: **OH Part B 15202**
 - Action Requested: **Add Provider(s)**
 - Input Submitter ID #: **N10917** (*for both 837 and 835*)
 - Name of Submitter ID: **Office Ally**
 - Type of Submitter: **Clearinghouse**
 - EDI Contact Person: **Customer Service**
 - Phone: **360-975-7000 Option 1**
 - Address: **PO Box 872020**
Vancouver, WA 98687
 - Submitter E-mail Address: Support@officeally.com
 - Name of Network Service Vendor (NSV): **ECC**

WHERE SHOULD I SEND THE FORM(S)?

- Fax form to (615) 664-5945; or
- Mail form to:

J15 – Part B Correspondence
CGS
PO Box 20018
Nashville, TN 37202

HOW DO I CHECK STATUS?

- Call the EDI department at (866) 276-9558 and ask if you have been linked to Office Ally's submitter ID N10917.
- Once you receive confirmation that you have been linked to Office Ally, you **MUST** contact Office Ally at (360) 975-7000 Option 1 and let us know **BEFORE** you submit claims electronically.

HOW DO I ENROLL TO RECEIVE ERA'S?

- 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.