MEDICARE OHIO (15202)
PRE-ENROLLMENT INSTRUCTIONS

WHAT FORM(S) SHOULD I DO?

- CGS EDI Application

    - Reason for Submission: **Add Provider(s)**
    - Line of Business: **OH Part B 15202**
    - Input Submitter ID #: **N10917** *(for both 837 and 835)*
    - Type of Submitter: **Clearinghouse**
    - Submitter ID Entity Name: **Office Ally**
    - EDI Contact Person: **Payer EDI Enrollment Department**
    - Submitter Phone Number: **360-975-7000 Ext 1**
    - Submitter E-Mail Address: payerenrollment@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 completed online

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