



# 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](mailto: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.