



# 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: **Customer Service**
  - Submitter Phone Number: **360-975-7000 Ext 1**
  - Submitter E-Mail Address: [Support@officeally.com](mailto:Support@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 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.