



MEDICARE VERMONT (14512) PRE-ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- Go to www.ngsmedicare.com and complete the EDI Guided Enrollment ([NGS Enrollment Instructions](#))
 - If you do not have an existing login for NGS, click on “Continue as a Guest”
 - Indicate your Line of Business and State before clicking on “Next”
 - Accept Attestation
 - Click on “Claims & Appeals”
 - Under Electronic Data Interchange, click on “EDI Enrollment”
 - Under EDI Enrollment, click on “Start Enrollment Process”
 - Accept Attestation
- Put a check mark next to “I need to complete a Registration Form”
 - Under Method of Electronic Submissions, select “Clearinghouse”
 - Under Approved Entities List, select “Office Ally”
 - Clearinghouse Contact:
 - First Name: Customer
 - Last Name: Support
 - Email: Support@officeally.com
 - Click on “Next”
 - Complete the required fields
 - Contractor Code: **14512 – JK Part B VT**
 - Network Service Vendor: **American Health Data (AHDS)**
 - Additional Office Ally information (if needed):
 - Name: Office Ally
 - Operating as a: Clearinghouse
 - Submitter ID: **7166**
 - Street: PO Box 872020
 - City/State/Zip: Vancouver, WA 98687
 - Contact Name: Customer Service
 - Phone Number: (360) 975-7000 Option 1
 - Email Address: Support@officeally.com
 - Available Transactions via Office Ally:
 - ASC x12 837 Claim
 - ASC x12 835 Remittance
 - Select only if you want Office Ally to receive ERAs on your behalf

WHERE SHOULD I SEND THE FORM(S)?

- Forms are submitted online after “Electronically Signing” them
 - Email confirmation will go out shortly after submitting the enrollment request

WHAT IS THE TURNAROUND TIME?

- Standard processing time is approximately 2-3 weeks

HOW DO I CHECK STATUS?

- Call Medicare at (888) 379-9132 and ask if you have been linked to Office Ally’s Submitter ID **7166**
- Once you have been linked to Office Ally, you **MUST** contact Office Ally at (360) 975-7000 Option 1 and inform them of the approval **BEFORE** submitting claims electronically.