MEDICARE ALABAMA – PART A (10102) PRE-ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- EDI Services Part A Enrollment Application
  - Select "Alabama" under State
  - Fill in your provider information
  - Select "Using a Billing Service/Clearinghouse"
  - Submitter ID: AL000902
  - If you're interested in receiving ERA's via Office Ally, select "From my Billing Service/Clearinghouse"
  - Submitter ID: AL000902
  - Clearinghouse Name: Office Ally
  - Mailing Address: PO Box 872020, Vancouver, WA 98687
  - Phone Number: 360-975-7000
  - Contact Name: Customer Service
  - Email Address: info@officeally.com
  - Leave the Vendor information blank (not needed)
  - Once the form is filled out, print (including the cover sheet) and fax

WHERE SHOULD I SEND THE FORM(S)?

- Fax form (including cover sheet) to: (205) 402-5706

WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- Approximately 10 business days

HOW DO I CHECK STATUS?

- Call (866) 582-3253 or email PartAEDIServices@cahabagba.com and ask if you have been linked to Office Ally's Submitter ID **AL000902**.

- Once you receive confirmation that you've been linked to Office Ally, you must email support@officeally.com with the below information prior to submitting claims electronically.

    Email Subject: Medicare Alabama (10102) - EDI Approval

    Body of Email:

    Please log my EDI approval for Medicare Alabama.

      - Provider Name
      - NPI
      - Tax ID