

# MEDICARE ALABAMA – PART B (10102) PRE-ENROLLMENT INSTRUCTIONS



## WHICH FORM(S) SHOULD I DO?

- [EDI Services Part B Enrollment Application](#)
  - Select “Alabama” under State
  - If you’re interested in receiving ERA’s via Office Ally, check “Request Electronic Remits”
  - Select “Using a Billing Service/Clearinghouse”
  - Submitter ID: AL200493
  - Fill in your provider information
  - Leave the Vendor information blank (not needed)
  - 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](mailto:info@officeally.com)
  - 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) 402-9200

## WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- Approximately 10 business days

## HOW DO I CHECK STATUS?

- Call (866) 582-3253 or email [PartBEDIServices@cahabagba.com](mailto:PartBEDIServices@cahabagba.com) and ask if you have been linked to Office Ally’s Submitter ID **AL200493**.
- Once you receive confirmation that you’ve been linked to Office Ally, you must email [support@officeally.com](mailto: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