

MEDICARE FLORIDA PART B (MR025) PRE-ENROLLMENT INSTRUCTIONS



WHAT FORM(S) SHOULD I DO?

- [Electronic Data Interchange \(EDI\) Enrollment Form](#)
 - For detailed instructions provided by Medicare Florida, click [here](#).

WHERE SHOULD I SEND THE FORM(S)?

- Fax the forms to (904) 361-0470; Email MedicareEDI@fcso.com ; or
- Mail the forms to:
First Coast Medicare EDI
P.O. Box 44071
Jacksonville, FL 32231-4071

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 3-4 weeks.

HOW DO I CHECK STATUS?

- Call (888) 670-0940 and ask if you have been linked to Office Ally's submitter ID **P4888**.
- Once the enrollment has been approved, you MUST email support@officeally.com with the below information at prior submitting claims electronically.

Email Subject: Medicare Florida Part B (MR025) - EDI Approval

Body of Email:

Please log my EDI approval for Medicare Florida Part B.

- Provider Name
- NPI
- Tax ID

HOW DO I ENROLL TO RECEIVE ELECTRONIC REMITTANCE ADVICE (ERA)?

- Under "ELECTRONIC REMITTANCE ADVICE (ERA)" choose "The Submitter ID on this request (default)" if you want Office Ally to receive your ERA's.