

WHICH FORMS SHOULD I COMPLETE?

Send an email to payerenrollment@officeally.com as follows:

- i. Subject: New York Hotel Fund (7707C) Claims Enrollment_(insert your NPI).
- ii. Body: Please process the EDI Claims Enrollment for New York Hotel Fund with the below information:
 1. Provider Name:
 2. Provider NPI:
 3. Provider TIN:
 4. Physical Address (cannot be a PO Box):
 5. Payer: New York Hotel Trade Council
 6. Payer ID: 7707C

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is approximately 14 business days.

HOW DO I CHECK STATUS?

- Once Office Ally completes the enrollment registration with the vendor and the payer has approved your request, you will receive a response back on your email once enrollment is finalized/complete.
- **Once you receive confirmation that you've been linked to Office Ally, you may begin submitted your claims electronically.**