



PENN BEHAVIORAL HEALTH (53226) PRE-ENROLLMENT INSTRUCTIONS

WHAT FORM(S) SHOULD I DO?

- Emdeon EDI Enrollment Form
 - Note: This form is emailed to Office Ally, not Emdeon.
- Penn Behavioral Health Corporate Services Electronic Claims Request

WHERE SHOULD I SEND THE FORM(S)?

- Email the Emdeon EDI Enrollment Form to EnrollmentAdmin@officeally.com
 - Email Subject should include “Emdeon EDI Enrollment”
- Fax the Penn Behavioral Health request form to (215) 746-2695

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 24-48 business hours.

HOW DO I CHECK STATUS?

- If you have not received confirmation of your enrollment within 24-48 business hours, you can call (888) 321-5533 to check enrollment status.
- Once you have received confirmation that you have been linked to Office Ally, you may start submitting right away.



EMDEON EDI ENROLLMENT FORM

In order to send claims electronically to this payer, please fill out this form and return it via email to EnrollmentAdmin@officeally.com, the Email Subject should read: **Emdeon EDI Enrollment**.

PAYER NAME AND PAYER ID:

PROVIDER INFORMATION:

Provider Name:

Provider Address:

PROVIDER IDENTIFIER INFORMATION:

Provider Federal Tax Identification Number (TIN)
OR Employer Identification Number (EIN):

National Provider Identifier (NPI):

PROVIDER CONTACT INFORMATION:

Provider Contact Name:

Telephone Number:

Email Address:

SUBMISSION INFORMATION:

Reason for Submission:

Authorized Signature:

Note: *Electronic Signature (typed name) of Person Submitting ERA Enrollment.*

Penn Behavioral Health Corporate Services Electronic Claims Request

Date

Client/Account Information

Billing Contact Person

Business name

Street address

Street address line 2

City

State

Zip code

E-mail address

NPI Number

Billing Address

Same as above

Contact person

Business name

Street address

Street address line 2

City

State

Zip code

Please allow 5 to 10 business days for your request to be processed. A representative will be in contact.
*Penn behavioral health requires the use of modifiers and place of service codes for the submission of electronic claims. Electronic Claims submission is for PBH credentialed providers. Please email a saved copy to pbhcs@mail.med.upenn.edu or fax to 215746-2695