



PREMERA BLUE CROSS/LIFEWISE HEALTH PLAN (00430, 93093, 91049) PRE-ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- EDI Trading Partner Information

WHERE SHOULD I SEND THE FORM(S)?

- Fax the form to (425) 918-4234; OR
- Email the form to EDI@premera.com

WHAT IS THE TURNAROUND TIME?

- Standard processing time is approximately 5 business days

HOW DO I CHECK STATUS?

- You will receive an email from Office Ally notifying you of your approval once the form has been processed and approved. Once you receive this email, you can begin submitting claims electronically.
- You can also call (800) 435-2715 ext. 3 and ask if you have been approved. Once you have received this verbal approval, you MUST call Office Ally at (360) 975-7000 option 1 and inform them of the approval. You will need to provide Office Ally with your Tax ID and your individual Submitter ID.

EDI Trading Partner Information Enrollment for Electronic Claims Submission

Premera Blue Cross, Lifewise of Oregon, Lifewise of Washington

Enrollment is required to establish exchanging electronic HIPAA transactions between Premera Blue Cross, Lifewise of Washington, Lifewise of Oregon and Office Ally. Please complete the following information and return by email or fax. This form must be completed in full.

Your request will be processed within 5 business days. Response will be via email unless you request response via fax or mail.

1. Trading Partner Demographics:

Provider or Group/Facility Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Phone: _____ Fax: _____

Email Address: _____

Tax ID: _____ National Provider Identifier (NPI) _____

Health Plans: Premera LWHP of OR LWHP of WA
(Check all that apply)

Clearinghouse Name: Office Ally – AC035 Professional
Claim Type (Check all that apply) Office Ally – AC038 Institutional/Facility

Questions and EDI Information: 1-800-435-2715

Return by email: EDI@premera.com Return by fax: 425-918-4234