

WHICH FORMS SHOULD I COMPLETE?

- Complete the **EDI Trading Partner Information Enrollment for Electronic Claims Submission** (Page 2)

WHERE SHOULD I SEND THE FORM(S)?

- Email the form to PayerEnrollment@officeally.com with the below format:
 - o **Email Subject Line:** TakeCare EDI Enrollment – NPI (*Insert NPI*)
 - o **Email Body:** Please process the attached form to enroll our provider for EDI/claims with Takecare Insurance co.
- Upon submission you should receive an auto-generated email confirming receipt of your request and assigning it a case number

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 30 days

HOW DO I CHECK STATUS?

- To request an update you can reply directly to the auto-generated confirmation message asking for status
- **Once you receive confirmation that you've been linked to Office Ally, you may begin submitting your claims electronically.**



EDI Trading Partner Information Enrollment for Electronic Claims Submission

TakeCare Insurance Company, Inc.

Enrollment is required to establish electronic HIPAA transactions between TakeCare Insurance Company, Inc. and Trizetto Provider Services. Please complete the following information and return by email or fax. This form must be completed in full.

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

Trading Partner Demographics:

Provider or Group/Facility Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Contact Name: _____ Title: _____

Phone: _____ Fax: _____

Email Address: _____

Tax ID: _____ National Provider ID (NPI): _____

Clearinghouse Name/	Trizetto 98022 Professional	<input type="checkbox"/>
Claim Type:	Trizetto 98022 Institutional	<input type="checkbox"/>

Questions and EDI information requests to EDITeam@takecareasia.com
Reply by email to EDITeam@takecareasia.com or by fax to (671) 647-3553

Thank you,

TakeCare Insurance EDI Team
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