



VAPCCC REGIONS 3, 5A, 5B AND 6 PRE-ENROLLMENT INSTRUCTIONS

WHAT FORM(S) SHOULD I DO?

- Providers can complete the EDI Express Enrollment online by clicking [here](#).
 - Select that you are a healthcare provider
 - Select the EDI transaction for which you will be submitting:
 - 5010 837 Institutional Claim Inbound (UB-04)
 - 5010 837 Professional Claim Inbound (CMS1500)
 - Enter Office Ally's Trading Partner ID **98366** and click Validate.
 - Select **VA CHOICE & PC3 PROGRAMS**
 - Review the Mock Agreement
 - Complete contact information
 - Enter the following information for the Clearinghouse Information:
 - Name: Office Ally
 - First Name: Customer
 - Last Name: Service
 - Contact Title: Customer Service
 - Phone Number: (360) 975-7000
 - Email: Support@officeally.com
 - Enter your Business Information
 - Use a valid physical address for the business
 - Enter Tax ID
 - Click Complete & Submit to sign the agreement

WHAT IS THE TURNAROUND TIME?

- You will receive an email with confirmation of your enrollment within 30-45 minutes.

HOW DO I CHECK STATUS?

- Once you receive confirmation that you've been linked to Office Ally, you MUST email Support@officeally.com with the below information PRIOR to submitting claims electronically.
 - **Email Subject:** VAPCCC3 – EDI Approval
 - **Body of Email:**

Please log my EDI approval for VAPCCC3.

 - Provider Name
 - NPI
 - Tax ID