Office Ally

WHICH FORMS SHOULD I COMPLETE?

- <u>Valley Health Plan (VHP01) EDI-Enrollment Form (Page 2)</u>

WHERE SHOULD I SEND THE FORM(S)?

- Email the completed form to <u>UHIN.ERA@officeally.com</u>
  o **Subject Line:** Valley Health Plan ERA/EDI Enrollment_NPI (Insert your NPI)
  o **Email Body:** Please process my attached enrollment request for Valley Health Plan.
- You will receive an auto-generated email with a case number, which will be used for tracking your enrollment progress.

WHAT IS THE TURNAROUND TIME?

- You should receive confirmation your request has been processed by Office Ally and forwarded to the Payer for approval within 2-5 business days.
- Our team will relay notice of the Payers approval as soon as we receive an update, which may take up to 30 days after submission.

HOW DO I CHECK STATUS?

- If you have not received a follow-up/resolution within the expected timeframes listed above, please reply to the original auto-generated case confirmation to request an update.

PROVIDER INFORMATION

Provider Name:

Provider Address:

PROVIDER IDENTIFIER INFORMATION

Tax Identifier (TIN or EIN):   National Provider Identifier (NPI):

PROVIDER CONTACT INFORMATION

Provider Contact Name:

Telephone Number: Fax Number:

Email Address:

TRANSACTIONS REQUESTED

Please check your desired transaction types below:

Institutional Claims/837P

Professional Claims/837P

Electronic Remittance Advice (ERA)/835

SUBMISSION INFORMATION

Reason for Submission:

Authorized Signature:

NOTE: *Electronic Signature (typed name) of person submitting ERA Enrollment*