ERA DELIVERY CHANGE FORM



INSTRUCTIONS AND TEMPLATE

Provider Letterhead Required

Title of Authorized Individual

Use this template to request that your ERA be delivered to an existing Office Ally Account. This template cannot be used to transfer ERAs to another Clearinghouse.

Send the completed form, on company letterhead, via email to <u>ERATransfer@officeally.com</u> or via fax to (360) 896-2151. This request should not be combined with any Payer ERA enrollment forms. Please allow up to 3 business days for the processing of your form. For questions <u>Contact Support.</u>

Today's Date: _____ To Whom It May Concern: , hereby authorize Office Ally to deliver all ERA files for the Tax ID and NPI(s) identified below to Office Ally Account Username: ___ (Must be an Admin/Parent Username and may NOT be an _SA Account or Child Account) Tax ID: _____ Desired Effective Date: _____ Confirmation Email Address: By signing below, I certify that I am an authorized individual for the Provider/Company/Practice, Tax ID and NPI(s) listed above and that I am authorized to sign on their behalf. Authorized Individual's Signature Printed Name of Authorized Individual