

# ERA DELIVERY CHANGE FORM

## INSTRUCTIONS AND TEMPLATE



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 [ERATransfer@officeally.com](mailto:ERATransfer@officeally.com) or via fax to (564) 397-0898. 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.

**\*\*\*Provider Letterhead Required\*\*\***

Today's Date: \_\_\_\_\_

To Whom It May Concern:

I, \_\_\_\_\_, 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: \_\_\_\_\_

NPI(s): \_\_\_\_\_

Desired Effective Date: \_\_\_\_\_

*(Note: Effective Date may not be more than two weeks prior to the submission date of this form)*

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

\_\_\_\_\_  
Title of Authorized Individual