

WHICH FORMS SHOULD I COMPLETE?

- Step 1: Complete Payer Enrollment via [Aultcare ERA/EFT Link](#)
 - o Login and click on important forms to locate EFT/ERA Enrollment
 - o Complete Provider Information
 - o Provider Agent Information (section 4)
 - Provider Agent Name: CLAIM.MD
 - Provider Agent Contact Name: SUPPORT SERVICES
 - Telephone Number: 855-757-6060
 - Email Address: enroll@claim.md
 - o Click Mark Completed to complete the enrollment request
- Step 2: You must also complete Aultcare ERA Enrollment (page 2)

WHERE SHOULD I SEND THE FORM(S)?

- Once you have completed Step 1, Email the Aultcare ERA Enrollment Form to payerenrollment@officeally.com
 - o **Email Subject:** Aultcare_ERA Enrollment Request_(insert NPI)
 - o **Email Body:**
Please process my ERA enrollment request for Aultcare. Payer Enrollment completed on XX/XX/XXXX.

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 10 Business Days.

HOW DO I CHECK STATUS?

- If you have not received a status update within the allotted turnaround time frame, please email payerenrollment@officeally.com with your auto-generated case# received when submitting the original email request.



**AULTCARE
ERA-ENROLLMENT**

Provider Information

Provider Name:

Mailing Address:

City:

State:

Zip:

Provider Identifier Information

Tax ID (TIN)/Employee Identification Number (EIN):

National Provider Identifier (NPI):

Provider Contact Information

Contact Name:

Telephone Number:

Contact Email Address:

Fax Number:

Submission Information:

Reason for Submission:

Authorized Signature:

Note: Electronic Signature (type name) of Person Submitting ERA Enrollment.