WHICH FORM(S) SHOULD I DO?

- Availity ERA Enrollment Form
  - **NOTE:** If a *BCBS* payer is selected, you will automatically be enrolled for all BCBS payers listed on the form. The same rule is in place for *Regence* payers. If one Regence payer is selected, you will automatically be enrolled for all of the Regence payers.

WHERE SHOULD I SEND THE FORM(S)?

- Email to EnrollmentAdmin@officeally.com; OR

- Fax to 360-314-2184

WHAT IS THE TURNAROUND TIME?

- Once Office Ally receives your Availity ERA Enrollment Form, we will process the request within 24-48 business hours.

- The time it takes ERAs to start coming through to Office Ally is dependent upon that individual payer. Generally, ERAs can take anywhere from 14 to 45 business days to begin coming through.

HOW CAN I CHECK THE STATUS OF MY ERA ENROLLMENT?

- To check the status of your ERA Enrollment Request, please email EnrollmentAdmin@officeally.com.
  - When you contact us, make sure to provide the **Payer**, **TIN/EIN** and **NPI** that was submitted on the form.

AVAILITY ERA ENROLLMENT FORM

Please make sure to print legibly and to complete this form in its entirety. You risk delaying enrollment if the application is unreadable or incomplete. All fields in **bold** are **required.**

PROVIDER INFORMATION

Provider Name:

Provider Address:　　　　　　　　　　　　　　**City:**　　　　　　　**State:**　　　**Zip:**

PROVIDER IDENTIFIERS INFORMATION

Provider Federal Tax Identification Number
Employer Identification Number (EIN):　　　　　　**National Provider Identifier (NPI):**

PROVIDER CONTACT INFORMATION

Contact Name:　　　　　　　　　　　　　　**Telephone Number/Extension:**

Email Address:　　　　　　　　　　　　　　Fax Number:

LEGACY ID(S)

Legacy ID: (i.e. Secondary Provider Identification assigned by the payer) This section is only required if you are enrolling for any of the payers listed below. If you are unsure of your Legacy ID, please contact the payer(s) prior to filling in the form.

　　　　Amerigroup (26375) Legacy ID:

　　　　BCBS of Western NY Medicaid/CHP (00246) Legacy ID:

　　　　Colorado Community Health Alliance (COCHA) Legacy ID:

　　　　Summit Community Care (PASSE) Legacy ID:

SUBMISSION INFORMATION

Reason for Submission:

Authorized Signature:

　　　Note: Electronic Signature (Typed Name) of Person Submitting ERA Enrollment.

Please select those payers you wish to receive ERAs from **ONLY**.

This form can be used to enroll for ERAs from any of the following payers. Check all that apply.

Payer ID	Payer Name	Payer ID	Payer Name
26375	Amerigroup (Legacy ID required)	COCHA	Colorado Community Health Alliance (Legacy ID required)
93221	Asuris Northwest Health Plan*	59064	Community Care Plan (Commercial)
AVA01	Avalon Healthcare Solutions	59065	Community Care Plan (Medicaid)
00050	BCBS of Colorado*	CHPWA	Community Health Plan of WA
00060	BCBS of Connecticut*	37363	ComPsych
00601	BCBS of Georgia*	00803	Empire BCBS New York*
00630	BCBS of Indiana*	94999	Firstcare
00660	BCBS of Kentucky*	94998	Firstcare Medicaid
00680	BCBS of Maine*	FLCCR	Florida Community Care
00241	BCBS of Missouri*	60058	Hennepin Health (MHP01)
00770	BCBS of New Hampshire*	61101	Humana
00265	BCBS of Nevada*	45341	Maine Community Health Options
55891	BCBS of North Dakota (00820)*	MNDH1	Minnesota Department of Health
00834	BCBS of Ohio*	77003	Prestige Health Choice
00423	BCBS of Virginia (00923)*	00851	Regence BCBS of Oregon
00246	BCBS of Western NY Mdcd/CHP* (Legacy ID required)	00910	Regence BCBS of Utah
00950	BCBS of Wisconsin*	00611	Regence Blue Shield of Idaho
53767	BCBS of Wyoming (00960)*	00932	Regence Blue Shield of WA
00562	BCBSMN Blue Plus Medicaid*	SMPLY	Simply Health Care Plan
00403	Blue Choice SC (Medicaid)*	PASSE	Summit Community Care (Legacy ID Required)
47198	Blue Cross of California (BC001)*	80314	Unicare
18768	Boulder Administration Services	USFHP	US Family Health Plan
BRIDG	BridgeSpan	VAPRM	Virginia Premier Health Plans
11345	Carecentrix		