



AVAILITY ERA ENROLLMENT INSTRUCTIONS

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

Email this form to enrollmentadmin@officeally.com. The Email Subject should read: **Availity ERA Enrollment**. 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 Amerigroup or COCHA. If you are unsure of your Legacy ID, please contact the payer(s) prior to filling in the form.

Amerigroup (26375) Legacy ID:

Colorado Community Health Alliance (COCHA) Legacy ID:

SUBMISSION INFORMATION

Reason for Submission:

Authorized Signature:

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

Continue to Page 2 for payer selection.

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)	11345	Carecentrix
93221	Asuris Northwest Health Plan	COCHA	Colorado Community Health Alliance (Legacy ID required)
AVA01	Avalon Healthcare Solutions SC	59064	Community Care Plan (Commercial)
00050	BCBS of Colorado	59065	Community Care Plan (Medicaid)
00060	BCBS of Connecticut	CHPWA	Community Health Plan of WA
00601	BCBS of Georgia	37363	ComPsych
00630	BCBS of Indiana	00803	Empire BCBS New York
00660	BCBS of Kentucky	94999	Firstcare
00680	BCBS of Maine	94998	Firstcare Medicaid
00241	BCBS of Missouri	66004	Health Economic Livelihood Partnership (HELP)
00770	BCBS of New Hampshire	45341	Maine Community Health Options
00265	BCBS of Nevada	MNDH1	Minnesota Department of Health
55891	BCBS of North Dakota (00820)	00851	Regence BCBS of Oregon
00834	BCBS of Ohio	00910	Regence BCBS of Utah
00423	BCBS of Virginia (00923)	00611	Regence Blue Shield of Idaho
00950	BCBS of Wisconsin	00932	Regence Blue Shield of WA
53767	BCBS of Wyoming (00960)	80314	Unicare
00403	Blue Choice SC (Medicaid)	USFHP	US Family Health Plan
47198	Blue Cross of California (BC001)	VPEP1	Virginia Premier Elite Plus
BRIDG	BridgeSpan	VPELT	Virginia Premier Elite