



BCBS OF RHODE ISLAND (00870) ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- Activation Request Letter (template provided)
 - Requirement: You must print the letter on company letterhead

WHERE SHOULD I SEND THE FORM(S)?

- Fax the letter to (401) 459-2099; or
- Email the letter to ProvDB@bcbsri.org

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 5-10 business days

HOW DO I CHECK STATUS?

- Email BCBS at ProvDB@bcbsri.org and ask if you have been linked to Submitter ID **P0081751**.

BCBS Rhode Island,

Please activate the following provider for 835 transactions and link them to Office Ally (clearinghouse).

Transaction(s): Electronic Remittance Advice (835)

Effective Date:

Clearinghouse Information:

Clearinghouse Name: Office Ally
Submitter ID: P0081751
Contact Name: Customer Service
Phone Number: (360) 975-7000 Option 1
Email Address: Support@officeally.com

Provider Information:

Contact Name:
Phone Number:
Email Address:

Provider Name:
Provider NPI:
Provider Tax ID:

Provider Signature: