

WHICH FORMS SHOULD I COMPLETE?

- **Activation Request Letter** (Pg. 2)
 - o You **MUST** print the request on your company letterhead

WHERE SHOULD I SEND THE FORM(S)?

- The Activation Request Letter can be submitted
 - o By Fax to (401) 459-2099
 - OR
 - o By Email to ProvDB@bcbsri.org

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 5-10 business days

HOW DO I CHECK STATUS?

- To check status of your ERA enrollment send an email to ProvDB@bcbsri.org asking 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: Payer Enrollment
Phone Number: (360) 975-7000 Option 1
Email Address: PayerEnrollment@officeally.com

Provider Information:

Contact Name:

Phone Number:

Email Address:

Provider Name:

Provider NPI:

Provider Tax ID:

Provider Signature: