

BCBS OF VERMONT (BCSVT) ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

• EDI 835 Enrollment E-Form

Vendor/Clearinghouse Name: Office Ally

Vendor/Clearinghouse Contact: Customer Service

o Primary Contact Telephone Number: (360) 975-7000 Option 1

Primary Contact E-mail Address: <u>Support@officeally.com</u>

Existing Submitter ID Number: 7230

WHERE SHOULD I SEND THE FORM(S)?

• The form is submitted online

HOW DO I CHECK STATUS?

Call BCBS Vermont at (800) 247-2583 and ask if you have been linked to Office Ally for ERAs.