

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH (CCA01) ENROLLMENT INSTRUCTIONS



WHICH FORM(S) SHOULD I DO?

- EDI Trading Partner Agreement with CCAH

WHERE SHOULD I SEND THE FORM(S)?

- Email the form to edisupport@ccah-alliance.org; or
- Fax to (831) 430-5895

HOW CAN I CHECK THE STATUS OF MY ENROLLMENT?

- To check the status, email edisupport@ccah-alliance.org or call (800) 700-3874 x5510.
- Once the enrollment is complete, CCAH will notify both Office Ally and the provider.

EDI TRADING PARTNER AGREEMENT WITH CCAH
IDENTIFICATION OF PROVIDER/TRADING PARTNER AND TRANSACTION INFORMATION

All Trading Partners, whether covered entities or business associates of covered entities, agree to abide by all HIPAA Privacy and Security requirements as they apply to communications with The Alliance.

The Provider and the Alliance agree that any changes in Provider or Trading Partner status, which might affect the transmission of electronic data, shall be promptly communicated to each party. This agreement will remain in effect until terminated according to the terms listed in this agreement.

All fields are required

PROVIDER INFORMATION

Provider Name		Provider Federal Tax Identification Number (TIN)	
Doing Business As Name (DBA)		National Provider Identifier (NPI)	
Provider Address - Street	City	State/Province	ZIP Code/Postal Code
Provider Contact Name	Telephone Number ()	Email Address	

CLEARINGHOUSE INFORMATION

Are you planning to use a clearinghouse for electronic transmissions with the Alliance?	<input type="checkbox"/> Yes	Clearinghouse Name	<input type="checkbox"/> No
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VENDOR INFORMATION

Do you currently use a billing service/vendor	<input type="checkbox"/> Yes	Vendor Name	<input type="checkbox"/> No
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SUBMISSION INFORMATION

Reason for Submission:	<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change Enrollment	<input type="checkbox"/> Cancel Enrollment
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TRANSMISSION INFORMATION

<input type="checkbox"/> 270/271 Eligibility Inquiry & Response (ANSI ASC X12N 270/271-005010X279A1)	<input type="checkbox"/> 276/277 Claim Status Request & Response (ANSI ASC X12N 276/277-005010X212)
<input type="checkbox"/> 837 Professional (ANSI ASC X12N 837-005010X222)	<input type="checkbox"/> 837 Institutional (ANSI ASC X12N 837-005010X0223)
<input type="checkbox"/> 835 Electronic Remittance Advice (ANSI ASC X12N 835-005010X221)	<input type="checkbox"/> Other Transactions (please indicate transaction type) _____

AUTHORIZED SIGNATURE

Written Signature of Person Submitting Enrollment	Submission Date
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Please FAX completed applications to:
(831) 430-5895, ATTN: PS Web & EDI Specialist
Or EMAIL to edisupport@ccah-alliance.org

For questions about this form, please contact:
(800) 700-3874 x5510