



CARDINAL INNOVATIONS (06607) ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- [ERA Payer Enrollment Form\(s\)](#)
 - Once on the ERA Payer Enrollment Forms page, use the search box above the payer list to locate your payer(s). Click on the payer name to be taken to the enrollment form/instructions.
 - Clearinghouse Information:
 - Submitter ID: 330897513
 - Submitter Name: Office Ally
 - ERA Receiver Distribution Detail: OFFALLEY
- **Emdeon ERA Enrollment Form**

WHERE SHOULD I SEND THE FORM(S)?

- Email the ERA Payer Enrollment Form(s) to Batchenrollment@changehealthcare.com; OR Fax to (615) 885-3713
- Email the Emdeon ERA Enrollment Form to Support@officeally.com

WHAT IS THE TURNAROUND TIME?

- Once Office Ally receives your Emdeon ERA Enrollment form, we will process the request within 24-48 hours.
 - Note: Incomplete forms will delay the enrollment process. Every field is required.
- The time it takes ERAs to start coming through is dependent upon the individual payer. Generally, ERAs can take anywhere from 14-45 business days to begin coming through.

HOW CAN I CHECK THE STATUS?

- To check the status of your ERA Enrollment Request, please email or call Office Ally's Customer Support Department at support@officeally.com or 360-975-7000 option 1.
 - Make sure to provide the **Payer**, **TIN/EIN** and **NPI** that was submitted on the form when you contact us.



EMDEON ERA ENROLLMENT FORM

In order to enroll to receive ERAs electronically from this payer, please fill out this form and return it via email to Support@officeally.com, the Email Subject should read: Emdeon ERA Enrollment.

PAYER NAME AND PAYER ID:

PROVIDER INFORMATION:

Provider Name:

Provider Address:

PROVIDER IDENTIFIER INFORMATION:

Provider Federal Tax Identification Number (TIN)
OR Employer Identification Number (EIN):

National Provider Identifier (NPI):

PROVIDER CONTACT INFORMATION:

Provider Contact Name:

Telephone Number:

Email Address:

ELECTRONIC REMITTANCE ADVICE INFORMATION:

Preference for Aggregation
Of Remittance Data:

Note: Account Number Linkage to Provider Identifier. Must match preference for EFT payments.

SUBMISSION INFORMATION:

Reason for Submission:

Authorized Signature:

Note: Electronic Signature (typed name) of Person Submitting ERA Enrollment.