



# CenCal Health (Payor ID: 95386) Remittance Enrollment Form

Please e-mail to: [AdministepProviderEnrollment@administep.com](mailto:AdministepProviderEnrollment@administep.com) or Fax to: 214-440-3101 when complete.

Please be advise that this ERA enrollment is for New Providers Only.

If provider is enrolled with CenCal for ERAs via a different clearinghouse and would like to make a change, please have provider contact CenCal at: 805-685-9525 first.

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- \* Provider/Practice Name:
- \* Tax ID:
- \* NPI:

Provider Address:

Provider Contact Name:  
 Provider Contact Phone Number:  
 Provider Contact Email:

OfficeAlly TIN:	<u>330897513</u>
OfficeAlly Contact Phone Number:	<u>360-975-7000 Option 1</u>
OfficeAlly Contact Email Address:	<u>Support@officeally.com</u>

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\* *Mandatory*

