



CenCal Health (Payor ID: 95386) Remittance Enrollment Form

Please e-mail to: AdministepProviderEnrollment@administep.com or Fax to: 214-440-3101 when complete.

* Provider/Practice Name: _____
* Tax ID: _____
* NPI: _____

Provider Address: _____

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

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

* *Required information*

