



COMMUNITY CARE BHO (23282) 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. 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**
- **Authorization for 835 ERA Enrollment Form**
 - Contact Name: Enrollment Help Desk
 - Clearinghouse Name: Change Healthcare
 - Contact Phone Number: 866-924-4634
 - Clearinghouse E-Mail: PayerRegistration@changehealthcare.com

WHERE SHOULD I SEND THE FORM(S)?

- Email the **Payer ERA Enrollment Form(s)** to Batchenrollment@changehealthcare.com; OR
Fax to (615) 885-3713
- Email the **Emdeon ERA Enrollment Form** to Support@officeally.com
- **Authorization for 835 ERA Enrollment Form** will be completed online

WHAT IS THE TURNAROUND TIME?

- Once Office Ally receives your **Emdeon ERA Enrollment Form**, we will process the request within 24-48 hours.
- The time it takes ERAs to start coming through is dependent upon that individual payer. Generally, ERAs can take anywhere from 14 to 45 business days to begin coming through.



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.