



COMMUNITYCARE OKLAHOMA (73143) ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- **Electronic Remittance Advice (ERA/835) Enrollment**
- **Emdeon ERA Enrollment Form**
 - **Note:** This form is emailed to Office Ally, not to Emdeon
- [Electronic Funds Transfer Enrollment](#) (Optional)

WHERE SHOULD I SEND THE FORM(S)?

- Fax the **Electronic Remittance Advice Enrollment** to (918) 878-5999
- Email the **Emdeon ERA Enrollment Form** to Support@officeally.com
- Fax the **Electronic Funds Transfer Enrollment** to (918) 878-5950

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 30 business days.

HOW DO I CHECK STATUS?

- You can check the status by contacting Community Care HMO at (918) 594-5207 or by sending an email to ProviderRelations@ccok.com.



Electronic Remittance Advice (ERA/835) Enrollment

Please complete one enrollment form per Tax Identification Number (TIN) and attach additional information if needed.

| Provider Information | | | | | |
|--|-----|-------------------------------|--|------|--|
| Provider Name: | | Doing Business As Name (DBA): | | | |
| Address: | | | | | |
| City: | | State: | | ZIP: | |
| Provider Identifiers 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: | | Fax Number: | | | |
| Electronic Remittance Advice Information | | | | | |
| Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier): | | | | | |
| --- | | | | | |
| TIN or NPI: | | | | | |
| Submission Information | | | | | |
| Reason for Submission: | --- | | | | |
| <p>CommunityCare provides Electronic Remit Advice (ERA/835) File delivery via Change Healthcare, formerly Emdeon. Providers must enroll with Change Healthcare in addition to submitting the enrollment form to CommunityCare.</p> <p>Information for Change Healthcare ERA enrollment can be obtained via: http://changehealthcare.com/legacy/resources/enrollment-services/medical-hospital-enrollment/era-enrollment#eraenrollment or by calling Change Healthcare at (866) 924-4634, Option 4.</p> | | | | | |
| | | | | | |

Authorized Signature

Submission Date

Please FAX completed form to CommunityCare Provider Relations at: **918-878-5999**



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.