WHICH FORMS SHOULD I COMPLETE?

This is a Two-Step Enrollment Process:

1. First you must complete and submit the **Curative ERA/EFT Enrollment Form** and include a voided check or signed letter from your bank on banking letterhead with a current W2.

2. Once the payer has notified you of the approval, you **must** complete the following form and email it to Office Ally:
   a. **MEDICAL OFFICE PROVIDER ENROLLMENT FORM**
      o You must complete:
         ▪ Group Information and Provider Information Sections
         ▪ Service Location Address
         ▪ Pay To Address (if different)

WHERE SHOULD I SEND THE FORM(S)?

1. Email the Curative ERA/EFT Enrollment form & Voided Check/Bank Letter + W2 to payerrelations@curative.com. You will need to check status of the enrollment with the payer.

2. After you receive approval from the payer, email payerenrollment@officeally.com with
      o Subject: Curative Health Plan ERA Enrollment_(insert NPI)
      o Email Body: Curative Health has approved my ERA Enrollment on xx/xx/xxxx. Please process my Medical Office Provider (MOP) Enrollment Form.
   - You will need to also include a screenshot of the signature part of the Curative ERA/EFT Enrollment form with your MOP Document.

Authorized signature:	Date:
Title:	E-mail address *(if applicable)*:
Contact name:	Contact phone number *(optional)*:

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 15-30 business days.

HOW DO I CHECK STATUS?

- Office Ally will email once we have confirmation from the vendor that Step 2 is completed.