

# DENVER HEALTH & HOSPITAL AUTHORITY (84133) ERA-ENROLLMENT INSTRUCTIONS

#### WHICH FORMS SHOULD I COMPLETE?

- MEDICAL OFFICE PROVIDER ENROLLMENT FORM (Page 2)
  - You must complete:
    - Group Information and Provider Information
    - Service Location Address
    - Pay To Address (if different)

# WHERE SHOULD I SEND THE FORM(S)?

- Email the completed MOP Enrollment Form to <a href="mailto:payerenrollment@officeally.com">payerenrollment@officeally.com</a> with
  - Subject: Denver Health & Hospital Authority\_MOP\_ERA Enrollment\_(insert NPI)
  - Email Body: Please process the attached form for ERA enrollment to Denver Health & Hospital Authority.

## WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 15-30 business days.

### HOW DO I CHECK STATUS?

- Office Ally will email your enrollment approval once we have confirmation from the payer.





<u>MEDICAL OFFICE PROVIDER ENROLLMENT FORM</u>
Please complete and return via email to <u>enrollassist@cognizant.com</u>

Site ID: 337G	Phone:
Contact Name:	Fax: N/A
(Email: )	EDI □ ERA⊠ Eligibility □ CSI □
The information provided on this form MUST match what is on file with the payers.	
Group Information (if applicable)	Provider Information
Group Name:	First Name:
·	MI:
DBA (if applicable):	Last Name:
· · · · /	Title:
Group NPI:	Individual NPI:
TIN:	Specialty:
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Service Location Address	Pay To Address (if different)
Service Location Address  Street Address:	Pay To Address (if different) Street Address:
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Street Address:	Street Address:
Street Address:  City, State, Zip +4:  Payer Name	Street Address:  City, State, Zip +4:
Street Address:  City, State, Zip +4:	Street Address:  City, State, Zip +4:  Payer ID
Street Address:  City, State, Zip +4:  Payer Name	Street Address:  City, State, Zip +4:  Payer ID
Street Address:  City, State, Zip +4:  Payer Name	Street Address:  City, State, Zip +4:  Payer ID
Street Address:  City, State, Zip +4:  Payer Name	Street Address:  City, State, Zip +4:  Payer ID
Street Address:  City, State, Zip +4:  Payer Name	Street Address:  City, State, Zip +4:  Payer ID