

WHICH FORMS SHOULD I COMPLETE?

- **MEDICAL OFFICE PROVIDER ENROLLMENT FORM (Page 2)**
 - o 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 payerenrollment@officeally.com with
 - o Subject: Denver Health & Hospital Authority_MOP_ERA Enrollment_(insert NPI)
 - o 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.

