

EMDEON ERA ENROLLMENT INSTRUCTIONS



WHICH FORM(S) SHOULD I DO?

- [Emdeon EnrollNow \(Click here\)](#)
 - **NOTE:** This is completed online.
 - Office Ally supports only the payers listed on the Emdeon ERA Enrollment form below. Do not choose payers that are not listed on the Emdeon ERA Enrollment form when completing the EnrollNow online form.
- **Emdeon ERA Enrollment Form**
 - **NOTE:** This form is emailed to Office Ally, not to Emdeon.

WHERE SHOULD I SEND THE FORM(S)?

- **Emdeon EnrollNow:** Once completed online, click Submit.
 - **NOTE:** If the payer you're enrolling for is not listed on this webpage, just enter the provider information and click Submit. The payer information will be entered on the Emdeon ERA Enrollment form.
- **Emdeon ERA Enrollment Form:** Once completed, save and email to support@officeally.com

WHAT IS THE TURN AROUND TIME?

- Once Office Ally receives your **Emdeon ERA Enrollment Form**, we will process the request within 24-48 hours.
 - **Note:** Incomplete forms will delay the enrollment process, every field is **required**.
- The time it takes ERAs to start coming through is dependent upon that individual payer. Generally, ERA's can take anywhere from 14 to 45 days to begin coming through.

HOW CAN I CHECK THE STATUS OF MY ERA ENROLLMENT?

- To check the status of the **835 Enrollment Request Form**, please email or call Office Ally's Customer Support Department at support@officeally.com or (360) 975-7000 option 1.
 - Make sure to provide the **Payer, TIN/EIN** and **NPI** that was submitted on the form when you contact us.

EMDEON ERA ENROLLMENT FORM

To receive ERAs electronically from this payer, please complete this form and email it to Support@officeally.com. The Email Subject should read: Emdeon ERA Enrollment.

SELECT THE PAYERS WHICH YOU ARE ENROLLING FOR ERAS FROM:

1199 National (13162)	Caremore (CM001)	Group Health (13551)	Medical Mutual of OH (29076)	Peoples Health (72126)
Affinity Health Plan (13334)	Colorado Access (84129)	HealthChoice AZ (62179)	MED3000 CMS Early Steps (EM350)	POMCO (16111)
AmeriHealth DC (77002)	Community Hlth Choice (48145)	HealthSpring (52192)	MED3000 CMS Title 21 (EM205)	Sanford Health (91184)
AmeriHealth NE (77001)	Coventry (25133)	Highmark Health Options (47181)	MED3000 PED Title 21 (EM522)	Select Health of SC (23285)
Arkansas Best Corp. (75278)	Dean Health Plan (39113)	HIP of NY (55247)	Meridian Health Plan (13189)	Sierra Health (76342)
Assurant Health (39065)	Federated Mutual (41041)	Horizon NJ Health (22326)	MHNet (74289)	UMR/UHIS (39026)
BCBS Carefirst DC (SB580)	FMH Benefit Srvc. (48117)	Kaiser of CO (91617)	MMSI (41154)	UPMC Health (23281)
BCBS Carefirst MD (SB690)	Gateway HP - Medicaid PA (25169)	Maine Community Hlth Opt (45341)	Network Health (04332)	Upper Peninsula (38337)
BCBS Horizon NJ/NY (22099)	Gateway HP - Med Assured (60550)	Medica2 (12422)	NHIC – Medicare (77076)	Vantage Hlth Plan (72128)

PROVIDER INFORMATION:

Provider Name:

Provider Address:

City:

State:

Zip:

PROVIDER IDENTIFIERS INFORMATION:

Provider Federal Tax Identification Number

Employer Identification Number (EIN):

National Provider Identifier (NPI):

PROVIDER CONTACT INFORMATION:

Contact Name:

Email Address:

Telephone Number/Extension:

ELECTRONIC REMITTANCE ADVICE INFORMATION:

Preference for Aggregation of Remittance Data: (i.e. Account Number Linkage to Provider Identifier). Note: Provider Preference for grouping (bulking) claim payment advice. Must match preference for EFT payment (i.e. Billing Provider). Choose and fill in only **one**.

Provider Federal Tax Identification Number (TIN):

National Provider Identifier (NPI):

SUBMISSION INFORMATION:

Reason for Submission:

Authorized Signature:

Note: Electronic Signature (typed name) of Person Submitting ERA Enrollment.