

WHICH FORMS SHOULD I COMPLETE?

This enrollment is a two-step process.

Step 1:

Complete the [EYEMED Provider Request Form](#) online

Enter the following information:

- Requestor Name: Your Name
- Requestor Phone Number: Your phone number
- Requestor Email Address: Your email address
- Provider Type: Routine Provider
- Provider Name, Provider Tax ID, Provider NPI, and Provider Practice Name
- Online Claims System User ID: n/a
- Issue Category: Other
- Other Description: 835 enrollment
- In details of issue section: "Please process my 835 enrollment request"

Step 2:

Send an email to payerenrollment@officeally.com as follows:

- Subject: EYEMED (31165) ERA Enrollment_(insert your NPI)
- Body: I have completed the online payer enrollment. Please process the ERA Enrollment for EYEMED (31165) with the below information:
 - Provider Name:
 - Provider Type (**Individual** or **Group**):
 - Provider NPI:
 - Provider TIN:
 - Physical Address (cannot be a PO Box):
 - Payer: EyeMed
 - Payer ID: 31165
 - Is the provider a **New submitter** or **Existing submitter** with EyeMed?

WHAT IS THE TURNAROUND TIME?

- Standard Processing Can take up to 10 business days.

HOW DO I CHECK STATUS?

- Once Office Ally completes the enrollment registration with the vendor (step 2), you will receive a response back on your email once enrollment is finalized/complete.