



GROUP HEALTH COOPERATIVE EAU CLAIRE (95192) ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- **Electronic Transfer Remittance Advice Form**

WHERE SHOULD I SEND THE FORM(S)?

- Email ALL forms to Support@officeally.com

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 7-14 business days

HOW DO I CHECK STATUS?

- To check your ERA enrollment status, send an email to Support@officeally.com



Electronic Transfer Remittance Advice Form

Please complete all sections below to be set up for the electronic transfer of 835 remittance advice.

Provider Name:	
Provider Address:	
Tax ID(s):	
NPI(s):	
Name/Title:	Signature:

Which type of enrollment request? (Please place an 'X' next to applicable options listed below.)

- | | |
|---|-----------------------|
| <input type="checkbox"/> New enrollment (when do you want it to take effect) | Effective Date: _____ |
| <input type="checkbox"/> Change in enrollment (such as a switch in clearing houses) | Effective Date: _____ |
| <input type="checkbox"/> Cancel enrollment (specify cancellation effective date) | Effective Date: _____ |

Which type of file transfer?

- Route to a clearing house** (specify effective date & contact info) **Effective Date:** _____
- Clearing House Name: _____
- Clearing House Email: _____
- Group Health Cooperative Secure FTP (must be able to ingest X12 835 standard format file):**
- SFTP connection: <https://sftp.group-health.com>
 - o Connection set up form will be sent to the Business contact below
 - If file level encryption is also required:
 - o PGP encryption key will be provided to the Technical contact email address below.

Information provided below for your setup:

Group Health Cooperative	Group Health Cooperative Values	
• Tax ID: 396252984	• Sender/Receiver ID Qualifier:	ISA 05 30
• NPI: 1295800738	• Sender/Receiver ID:	ISA 06 396252984
		GS 02 Provider Tax ID#

<p>Business Contact</p> <p>Name: _____</p> <p>Title: _____</p> <p>Organization: _____</p> <p>Phone: _____</p> <p>Email: _____</p>	<p>Technical Contact (internal or clearing house)</p> <p>Name: _____</p> <p>Title: _____</p> <p>Organization: _____</p> <p>Phone: _____</p> <p>Email: _____</p>
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Please contact EDI Operations at EDIOperations@group-health.com or (888) 203-7770 if you have questions.
Please fax completed forms to EDI Operations at (715) 552-3500. Thank you!