WHICH FORMS SHOULD I COMPLETE?

- **Complete the Gold Coast 835 Provider Enrollment Spreadsheet** with the provider details. All Office Ally information has been pre-filled for your convenience.

- **Fill in the following required fields:**
  - **Row 3:** Date
  - **Row 11:** Provider/Facility Business Name
  - **Row 12:** Individual Provider or Group Provider/Practice
  - **Row 13:** Tax ID
  - **Row 14:** NPI
  - **Row 16:** Are you currently or were you previously linked to another clearinghouse for the 835/ERA transaction? (Y/N)
  - **Row 17:** If *Yes*, provide the authorized provider contact's Name and Email
  - **Row 18:** Name of the current/previous clearinghouse being terminated
  - **Row 19:** Current/previous clearinghouse's Trading Partner ID

WHERE SHOULD I SEND THE FORM(S)?

- Email the completed Excel to EDI-Support@Goldchp.org

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is around 5-10 business days.

HOW DO I CHECK STATUS?

- The payer will send a confirmation once approval is completed.