

## HEALTHY MEDICAL GROUP (HMG01) ERA-ENROLLMENT INSTRUCTIONS

## WHICH FORMS SHOULD I COMPLETE?

- 835 Enrollment Information Form (Pg. 2)

WHERE SHOULD I SEND THE FORM(S)?

- The completed **<u>835 Enrollment Information Form</u>** can be emailed to <u>edisupport@allcaretoyou.com</u>

HOW DO I CHECK STATUS?

- Standard processing time can take up to 10 business days.

## HOW DO I CHECK STATUS?

 If you have not started receiving your (ERA) Electronic Remittance Files after the allotted timeframe, you can reach out to <u>edisupport@allcaretoyou.com</u> to confirm if you are now approved with Office Ally for the 835/ERA transaction.



PROVIDER INFORMATION

## 835-ENROLLMENT INFORMATION FORM

Provider Name:	
Provider Address:	
PROVIDER IDENTIFIER INFORAMTION	
Tax Identifier (TIN or EIN):	National Provider Identifier (NPI):
PROVIDER CONTACT INFORMATION	
Provider Contact Name:	
Telephone Number:	Email Address:
PAYER NAME	
Name of Payer Enrolling:	
SUBMISSION INFORMATION	
Authorized Signer Name & Title:	
Authorized Signature:	
<b>NOTE</b> : Electronic Signature (typed name) of person submitting ERA Enrollment	

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