



# HEALTH PLAN OF SAN MATEO (HPSM1) ERA ENROLLMENT INSTRUCTIONS

## WHICH FORM(S) SHOULD I DO?

- [Electronic Funds Transfer & Electronic Remittance Advice \(EFT/ERA\) Authorization Form](#)
  - Complete the Clearinghouse Information section with the following:
    - Clearinghouse name: Office Ally, Inc.
    - Name of Clearinghouse Contact: Customer Service
    - Trading Partner ID: JQR
    - Contact Phone Number: (360) 975-7000

## WHERE SHOULD I SEND THE FORM(S)?

- Fax the form to (650) 616-8046; OR
- Email to [psinquiries@hpsm.org](mailto:psinquiries@hpsm.org)

## WHAT IS THE TURNAROUND TIME?

- Standard processing time is 7-10 business days

## HOW DO I CHECK STATUS?

- If you would like to check the status after the standard processing time, you may call (650) 616-2106 or email [psinquiries@hpsm.org](mailto:psinquiries@hpsm.org) to verify that your ERAs have been linked to Office Ally's submitter number JQR.