



## HEALTH SERVICES FOR CHILDREN WITH SPECIAL NEEDS (37290) ERA ENROLLMENT INSTRUCTIONS

### WHICH FORM(S) SHOULD I DO?

- **Optum 835 Enrollment Request**
- **Change Healthcare ERA Enrollment Form**

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

- Email ALL forms to [Support@officeally.com](mailto:Support@officeally.com)

### WHAT IS THE TURNAROUND TIME?

- Standard processing time is 7-10 business days

### HOW DO I CHECK STATUS?

- To check your ERA enrollment status, send an email to [Support@officeally.com](mailto:Support@officeally.com)



# OPTUM 835 ENROLLMENT REQUEST

Email this form to [Support@officeally.com](mailto:Support@officeally.com) or Fax to (360) 896-2151. Once your form is received and processed, Office Ally will email you a confirmation. If you do not receive a confirmation email from us within 2-3 business days or faxing or emailing this form, please send it again. Please make sure to print legibly and to complete this form in its entirety. You risk delaying enrollment if the application is unreadable or incomplete. All fields in **bold** are **required**.

## PROVIDER INFORMATION

**Provider Name:**

**Provider Address:**

**City:**

**State:**

**Zip:**

## PROVIDER IDENTIFIERS INFORMATION

**Provider Federal Tax Identification Number  
Employer Identification Number (EIN):**

**National Provider Identifier (NPI):**

## PROVIDER CONTACT INFORMATION

**Contact Name:**

**Telephone Number/Extension:**

**Email Address:**

**Fax Number:**

## SUBMISSION INFORMATION

**Reason for Submission:**

**Authorized Signature:**

Note: Electronic Signature (Typed Name) of Person Submitting ERA Enrollment.

**NOTE:** If you have received ERA's from these payers through another clearinghouse, you may be prompted via email from your previous clearinghouse to confirm the change. If you do not confirm the change, enrollment will be delayed.

Payer Information					
CPID	Payer ID	Payer	Type	Est Days	Multi CH
Special Enrollment Instructions					
Vendor Information					
Submitter ID	Submitter Name				
Provider Information					
Tax ID	NPI	Provider Number	Name		
Address			City	State	Zip
Contact Name				Contact Phone	
Contact Email Address					
Confirmation Addresses					
Primary Email Address			Secondary Email Address		
ERA Receiver					
Distribution Detail					

Payer Information					
CPID	Payer ID	Payer	Type	Est Days	Multi CH
Special Enrollment Instructions					
Vendor Information					
Submitter ID	Submitter Name				
Provider Information					
Tax ID	NPI	Provider Number	Name		
Address			City	State	Zip
Contact Name				Contact Phone	
Contact Email Address					
Confirmation Addresses					
Primary Email Address			Secondary Email Address		
ERA Receiver					
Distribution Detail					