



## HEALTHCARE PARTNERS MEDICAL GROUP ERA & EFT ENROLLMENT INSTRUCTIONS

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

- 835 Enrollment Request
- Electronic Funds Transfer Request
  - *Include a voided check with the EFT enrollment request*

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

- ERA Enrollment: Fax form to ATTN: Technical Services – EDI (310) 352-6219
- EFT Enrollment: Email form to [brossato@healthcarepartners.com](mailto:brossato@healthcarepartners.com)

### WHAT IS THE TURNAROUND TIME FOR ERA ENROLLMENT?

- Standard processing time is 10-14 business days



## CALIFORNIA HCP 835 Enrollment Request

### TYPE OF REQUEST:

**NEW** (Check if not currently receiving the Electronic 835 Remittance File to Auto-Post Payments. Complete section 1 completely)

**DELETE** (Check if terminating receipt of the Electronic 835 Remittance File to Auto-Post Payments. Complete sections 1 and 3.)

**Please fax completed form to HCP ATTN: Technical Services - EDI (310) 352-6219**

1. Healthcare Professional/Institution Information		
Contact Name	Contact Number	
Contact Email	Prov / Inst Group NPI #	
HealthCare Prof/Inst Name	TIN	
Address	Phone	
City	State	Zip

2. Receiver Information		
Receiver Name	Office Ally, Inc.	
Contact	Customer Service	
Telephone	360-975-7000 Option 1	HCP Submitter ID

3. Delete Enrollment	
Receiver Name	
Delete Enrollment for (HCP use Only):	



## CALIFORNIA HCP ELECTRONIC FUNDS TRANSFER REQUEST

To sign up for Electronic Funds Transfer (EFT), please complete all of the information below.

Date: \_\_\_\_\_

Provider/Institution: \_\_\_\_\_

Provider/Institution TIN: \_\_\_\_\_

Provider/Institution E-mail Address: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Signature Authorizing Funds Transfer: \_\_\_\_\_

Contact Phone number for questions: \_\_\_\_\_

**\*\*\* With this form, please include a voided or copy of a check from the bank account into which you would like the funds transfer routed.**

**\*\*\* Please email this form and the voided or copy of a check to Barbara Rossato at: [brossato@healthcarepartners.com](mailto:brossato@healthcarepartners.com).**

**For any questions/issues you may have, please contact Barbara Rossato at (310) 354 – 4377.**