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

WHAT IS THE TURNAROUND TIME FOR ERA ENROLLMENT?

- Standard processing time is 10-14 business days

835 ENROLLMENT REQUEST (CALIFORNIA)

TYPE OF REQUEST:

- Select **NEW** if not currently receiving Electronic 835 Remittance File to Auto-Post Payments
  - ➢ Must complete Section 1

- Select **DELETE** if terminating receipt of the Electronic 835 Remittance File to Auto-Post Payments
  - ➢ Must Complete Sections 1 and 3

  - **** Fax completed form to Optum --**
    ATTN: Technical Services – EDI
    Fax# (310) 352-6219

1. Healthcare Professional/Institution Information	
Contact Name:	Contact Number:
Contact E-mail:	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	
Phone# 360-975-7000 – Option 1	HCP Submitter ID:

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

ELECTRONIC FUNDS TRANSFER REQUEST

To sign up for Electronic Funds Transfer (EFT), please complete all of the information below and submit form via e-mail to Barbara Rossato, Accounts Payable Claims Technician at brossato@healthcarepartners.com.

Today's Date:	
Provider/Institution Name:	
Provider/Institution Tax ID (TIN)#	
Provider/Institution E-mail Address:	
Bank Name:	
Bank Routing Number:	
Bank Account Number:	
Signature Authorizing Funds Transfer:	
Contact Phone# for questions:	

IMPORTANT NOTES:

- Completed form must be submitted with a copy of a voided check from the bank account into which the funds will be transferred/routed to
- For any questions/issue you may have regarding EFT, contact Barbara Rossato at (310) 354-4377