HEALTHCHOICE OF OKLAHOMA (22521) ERA ENROLLMENT INSTRUCTIONS



WHICH FORM(S) SHOULD I DO?

- Emdeon EnrollNow (Click here)
 - o **NOTE:** This is completed online.
 - Office Ally supports only the payers listed on the Emdeon ERA Enrollment form below. Do not choose payers that are listed on the Emdeon ERA Enrollment form when completing the EnrollNow online form.
- Emdeon ERA Enrollment Form
- Electronic Remittance Advice (ERA) Authorization Agreement

WHERE SHOULD I SEND THE FORM(S)?

- Emdeon EnrollNow is completed online
 - o **NOTE:** If the payer you're enrolling for is not listed on this webpage, just enter the provider information and click Submit. The payer information will be entered on the Emdeon ERA Enrollment form.
- Emdeon ERA Enrollment Form
 - Save and email the form to <u>support@officeally.com</u>
 - o Make sure that the email subject is: Emdeon ERA Enrollment
- Electronic Remittance Advice (ERA) Authorization Agreement
 - o Save and email the form to EGID.NetworkManagement@omes.ok.gov

WHAT IS THE TURN AROUND TIME?

- Once Office Ally receives your **Emdeon ERA Enrollment Form**, we will process the request within 24-48 hours.
- The payer will process your request within 14 business days.

Phone: 360-975-7000 Fax: 360-896-2151

EMDEON ERA ENROLLMENT FORM



In order to enroll to receive ERAs electronically from this payer, please fill out this form and return it via email to Support@officeally.com, the Email Subject should read: Emdeon ERA Enrollment.

, and a second s
PAYER INFORMATION OF THE PAYER YOU ARE ENROLLING FOR ERAS FROM:
PROVIDER INFORMATION:
Provider Name:
Provider Address:
PROVIDER IDENTIFIERS INFORMATION:
Provider Federal Tax Identification Number (TIN)
OR Employer Identification Number (EIN):
National Provider Identifier (NPI):
PROVIDER CONTACT INFORMATION:
Provider Contact Name:
Telephone Number:
Email Address:
ELECTRONIC REMITTANCE ADVICE INFORMATION:
Preference for Aggregation of Remittance Data:
Note: Account Number Linkage to Provider Identifier. Must match prefernce for EFT payments.
SUBMISSION INFORMATION:
Reason for Submission:

Office Ally | P.O. Box 872020 | Vancouver, WA 98687 www.officeally.com

Note: Electronic Signature (typed name) of Person Submitting ERA Enrollment.

Authorized Signature:

Phone: 360-975-7000 Fax: 360-896-2151







Electronic Remittance Advice (ERA) Authorization Agreement

State/Province: ZIP Code/Postal Code:	Provider Information			
Provider Address Street: State/Province: State/Province: ZIP Code/Postal Code: Provider Identifiers Information Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): Idational Provider Identifier (NPI) Provider Type: Electronic Remittance Advice Information Preference for Aggregation of Remittance Data (e.g. Account Number Linkage to Provider Identifier) Provider Tax Identification Number (TIN): Idational Provider Identifier (NPI): Electronic Remittance Advice Clearinghouse Information Clearinghouse Name: Clearinghouse Name: Submission Information Reason for Submission New Enrollment Authorized Signature hereby authorize the Office of Management and Enterprise Services (OMES) Employees Group Insurance Department (EGID) to send electronic remittance advice (ERA/835) as designated herein. I am authorized to leter Electronic Remittance Advice (ERA) transactions on behalf of the indicated party and I acknowledge the ame by signing below. Written Signature of Person Submitting Enrollment: Printed Title of Person Submitting Enrollment:	Provider Name:			
Street:	Doing Business As Name (DBA):			
State/Province: ZIP Code/Postal Code:	Provider Address			
Provider Identifiers Information Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): Idational Provider Identifier (NPI)	Street:			
Provider Federal Tax Identification Number (EIN): Idational Provider Identifier (NPI)	City:	State/Province:	ZIP Code/Postal Code:	
Employer Identification Number (EIN): dational Provider Identifier (NPI)	Provider Identifiers Informa	ntion		
Electronic Remittance Advice Information Preference for Aggregation of Remittance Data (e.g. Account Number Linkage to Provider Identifier) Provider Tax Identification Number (TIN):				
Preference for Aggregation of Remittance Data (e.g. Account Number Linkage to Provider Identifier) Provider Tax Identification Number (TIN):	National Provider Identifier (NPI)	Provid	Provider Type:	
Provider Tax Identification Number (TIN):	Electronic Remittance Advi	ce Information		
Electronic Remittance Advice Clearinghouse Information Clearinghouse Name: Telephone Number:	Preference for Aggregation of Remitta	ance Data (e.g. Account Number Li	nkage to Provider Identifier)	
Electronic Remittance Advice Clearinghouse Information Clearinghouse Name:	Provider Tax Identification Number (T	IN):		
Clearinghouse Name:	National Provider Identifier (NPI):			
Reason for Submission New Enrollment Change Enrollment Cancel Enrollment Authorized Signature Chereby authorize the Office of Management and Enterprise Services (OMES) Employees Group Insurance Department (EGID) to send electronic remittance advice (ERA/835) as designated herein. I am authorized to elect Electronic Remittance Advice (ERA) transactions on behalf of the indicated party and I acknowledge the ame by signing below. Written Signature of Person Submitting Enrollment: Printed Name of Person Submitting Enrollment: Printed Title of Person Submitting Enrollment:		•		
Reason for Submission New Enrollment Change Enrollment Cancel Enrollment Authorized Signature Thereby authorize the Office of Management and Enterprise Services (OMES) Employees Group Insurance Department (EGID) to send electronic remittance advice (ERA/835) as designated herein. I am authorized to Delect Electronic Remittance Advice (ERA) transactions on behalf of the indicated party and I acknowledge the ame by signing below. Written Signature of Person Submitting Enrollment: Printed Name of Person Submitting Enrollment: Printed Title of Person Submitting Enrollment:	Clearinghouse Contact Name:		Telephone Number:	
□ New Enrollment □ Change Enrollment □ Cancel Enrollment **Authorized Signature** hereby authorize the Office of Management and Enterprise Services (OMES) Employees Group Insurance Department (EGID) to send electronic remittance advice (ERA/835) as designated herein. I am authorized to elect Electronic Remittance Advice (ERA) transactions on behalf of the indicated party and I acknowledge the ame by signing below. Written Signature of Person Submitting Enrollment: □ Printed Name of Person Submitting Enrollment: □ Printed Title of Person Submitting Enrollment: □	Submission Information			
hereby authorize the Office of Management and Enterprise Services (OMES) Employees Group Insurance Department (EGID) to send electronic remittance advice (ERA/835) as designated herein. I am authorized to elect Electronic Remittance Advice (ERA) transactions on behalf of the indicated party and I acknowledge the ame by signing below. Written Signature of Person Submitting Enrollment: Printed Name of Person Submitting Enrollment: Printed Title of Person Submitting Enrollment:	Reason for Submission	□ Change Enrollment	□ Cancel Enrollment	
Department (EGID) to send electronic remittance advice (ERA/835) as designated herein. I am authorized to elect Electronic Remittance Advice (ERA) transactions on behalf of the indicated party and I acknowledge the ame by signing below. Written Signature of Person Submitting Enrollment:	Authorized Signature			
Printed Name of Person Submitting Enrollment: Printed Title of Person Submitting Enrollment:	Department (EGID) to send electronic	remittance advice (ERA/835) as de	esignated herein. I am authorized to	
Printed Name of Person Submitting Enrollment: Printed Title of Person Submitting Enrollment:	Written Signature of Person Submittin	g Enrollment:		
	Printed Name of Person Submitting E	inrollment:		
Submission Date:	Printed Title of Person Submitting Enr	rollment:		
	Submission Date:			