

WHICH FORMS SHOULD I COMPLETE?

Send an email to payerenrollment@officeally.com as follows:

- i. Subject: Health Payment Systems (20270) ERA Enrollment_(insert your NPI)
- ii. Body: Please process the ERA Enrollment for Health Payment Systems with the below information:
 1. Provider Name:
 2. Provider Type (**Individual** or **Group**):
 3. Provider NPI:
 4. Provider TIN:
 5. Physical Address (cannot be a PO Box):
 6. Payer: Health Payment Systems
 7. Payer ID: 20270
 8. Is the provider a **New submitter** or **Existing submitter** with Health Payment Systems?

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is approximately 14 business days.

HOW DO I CHECK STATUS?

- Once Office Ally completes the enrollment registration with the vendor, you will receive a response back on your email once enrollment is finalized/complete.