WHICH FORMS SHOULD I COMPLETE?

Please Note:
- **The payer(s) requires EFT Enrollment to receive ERA**
- **The payer(s) enrolls providers at the Tax ID level, not NPI level**
- **The payer(s) are Remit Only Payers and do not offer an electronic 837 Claim transaction**

1) This is a multiple-step enrollment as follows:
   a. STEP 1: Complete the online enrollment at IAS ERA Enrollment Link
      i. Click 'Provider Login', then click 'Register' if you do not have an existing login.
      ii. Once logged in, complete all required fields under 'Profile Information' and 'User Details' heading, then click Continue.
      iii. Check the box under the 'HIPPA Transactions' heading and complete all required fields under the 'EDI Information' heading. Click 'Next.'
      iv. Check the box for 'I would like to do ERA & 835 Transactions' then click 'Next.'
      v. Complete all required fields under the 'Data Element Group 1' and 'Data Element Group 7' headings.
         1. Trading Partner ID: **611340767**, Provider Type: **Clearinghouse**
      vi. Complete all required fields under the 'Data Element Group 3' and 'Data Element Group 7' headings.
         1. Choose **Clearinghouse** as the 'Method of Retrieval.'
      vii. Complete all required fields under the 'Data Element Group 8' heading.
         1. **Please note:** the clearinghouse details are as follows. Do not list Office Ally in this section:
            a. Clearinghouse Name: **ZirMed**
            b. Clearinghouse Contact Name: **Enrollment Representative**
            c. Telephone Number: **877-494-7633**
            d. Email Address: **enrollment@zirmed.com**
      viii. Under the 'Authorized Signature' heading, choose 'Electronic' from the dropdown menu. Complete all required fields, then click 'Next.'
      ix. Check the boxes for 'I have read the Trading Partner Agreement' and 'I have reviewed the EFT/ERA Application.' Input the displayed code in the designated field, then click 'Finish Electronic Signature'.
         1. **You must attach** a Voided Check or Bank Letter and a W9.
      x. Once you have completed the online registration, you will receive an email from webmaster@iasadmin.com. This email will contain a link that you must follow to finalize your registration. Without doing so, your enrollment will be incomplete.

   b. STEP 2: Send an email to payerenrollment@officeally.com as follows:
      i. Subject: IAS ERA Enrollment Complete_(insert your NPI)
      ii. Body: I have completed the online enrollment for IAS Payers and received approval on xx/xx/xxxx. Please process the final step with Waystar/Zirmed to complete the enrollment:
         1. Provider Name:
         2. Provider NPI:
         3. Provider TIN:
         4. Physical Address (cannot be a PO Box)

WHAT PAYERS ARE INCLUDED IN THIS ENROLLMENT?

- All the below payers will be enrolled with you complete the request:

OA Payer Name	OA Payer ID
Ace Property & Casualty Ins Co Medicare Supplement	96821
American National Insurance Co Medicare Supplement	S4048
American National Life Insurance Co of Texas Medicare Supplement	10596
Americo Financial Life & Annuity Insurance Co Medicare Supplement	26509
Central States Health & Life Co of Omaha Medicare Supplement	96478
Central States Indemnity Medicare Supplement	95701
Country Financial Medicare Supplement	95705
Crum & Forster Medicare Supplement	96618
CSI Life Insurance Company Medicare Supplement	95707
Elips Life Insurance Company Medicare Supplement	96801
Erie Insurance Medicare Supplement	96486
Everest Medicare Supplement	96529
Garden State Life Insurance Medicare Supplement	S0950
Great Southern Life Insurance Co Medicare Supplement	96477
KSKJ Life Medicare Supplement	95791
Lincoln Heritage Medicare Supplement	95717
Lumico Life Insurance Co Medicare Supplement	96364
Medica Medicare Supplement	96559
MedMutual Protect Medicare Supplement	96554
Monitor Life Medicare Supplement	98244
Principal Financial Group Medicare Supplement (Vision Claims Only)	S1271
Puritan Life Insurance Medicare Supplement	95719
Royal Neighbors of America Medicare Supplement	95720
Shenandoah Life Medicare Supplement	95721
S. USA Life Medicare Supplement	95721
SBLI Life Medicare Supplement	95721
Standard Life & Accident Insurance Company	01758
State Mutual - LS Medicare Supplement	95723
State Mutual - SMMS Medicare Supplement	95722

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is approximately 14 business days.

HOW DO I CHECK STATUS?

- For Step 1, you will receive an email from webmaster@iasadmin.com to finalize your registration.
- For Step 2, once Office Ally completes the enrollment registration with the vendor, you will receive a response back on your email once enrollment is finalized/complete.