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 'Don't have a User ID' on the left side of the screen, then click 'Provider'
      ii. Complete all required fields under the 'Profile Information' and 'User Details' headings, the 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: **330897513**, 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.
            a. Clearinghouse Name: **Office Ally**
            b. Clearinghouse Contact Name: **Enrollment Representative**
            c. Telephone Number: **360-975-7000**
            d. Email Address: **payerenrollment@officeally.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 <u>and</u> 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.

WHAT PAYERS ARE INCLUDED IN THIS ENROLLMENT?

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

Payer Name	Payer ID
Ace Property & Casualty Ins Co Medicare Supplement	96821
American National Insurance Company Medicare Supplement	S4048
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
Great Southern Life Insurance Co Medicare Supplement	96477
KSKJ Life Medicare Supplement	95791
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
Royal Neighbors of America Medicare Supplement	95720
Prosperity Life Group Medicare Supplement	95721

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is approximately 14 business days.

HOW DO I CHECK STATUS?

- You will receive an email from webmaster@iasadmin.com to finalize your registration.