

WHICH FORMS SHOULD I COMPLETE?

Complete the ICARE Payer Enrollment Form and **attach** to an email to payerenrollment@officeally.com as follows:

- Subject: ICARE (26054) ERA Enrollment_(insert your NPI)
- Body: Please process the ERA Enrollment for ICARE (26054) with the information below:
 - Provider Name:
 - Provider Type (**Individual** or **Group**):
 - Provider NPI:
 - Provider TIN:
 - Physical Address (cannot be a PO Box):
 - Payer: ICARE
 - Payer ID: 26054
 - Is the provider a **New submitter** or **Existing submitter** with ICARE?

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.



**835 Healthcare Electronic Remittance Advice (ERA)
Request/Certification Form**

General Instructions

This form is designed for providers who want to receive a HIPAA X12N 835 version 5010 A1 electronic remittance (ERA) transaction (Raw Data File) from Medegy Health Systems.

Form must be completed IN FULL. Please type or print clearly.

A. Provider Information (To be completed by the Provider Office)		
Provider Classification: Individual Provider Group/Practice <input type="checkbox"/> Facility <input type="checkbox"/> Other _____		
Provider/Group Name:	Provider Contact Name:	
Provider Business Address:	Provider City/State/Zip	
Provider Contact Phone: (360) 975-7000	Provider Email Address (REQUIRED) PayerEnrollment@officeally.com	
Provider Tax ID:	Multiple Tax ID's (Check if applicable and see Attachment 1) <input type="checkbox"/>	
B. TPA/Billing Agency Information (FILL OUT ONLY IF APPLICABLE)		
Instructions: This section is for the vendor that supports your electronic remittance advice software and/or delivers the 835 Health Care Electronic Advice to you.		
Type of service used to receive electronic transactions (835): TPA <input checked="" type="checkbox"/> Billing Agency <input type="checkbox"/>		
If using a Billing Agency, complete section B.1 only. If using a TPA, complete sections B.1 and B.2.		
B.1: Completion Required. The TPA/Billing Agency must complete this section.		
TPA/BA Name: Waystar	Contact Name: Enrollment Representative	
Contact Phone: (844) 392-9782	Contact Email Address: enrollment@zirmed.com	Contact Fax Number: (502) 779-9499

B.2: Complete if using a TPA.

TPA (if 835's not delivered)

Waystar

Contact Phone:
(844) 392-9782Contact Email Address:
enrollment@zirmed.comContact Fax Number:
(502) 779-9499**Provider/Vendor Certification**

The undersigned Healthcare Provider _____ hereby certifies to Medegy Health Systems the following with respect to the 835 Electronic Remittance Advice.

Approved by:

Authorized Representative (sign below):

Title:

Printed Name:

Date:

Print and email completed ERA forms to: EDISupport@medegy.com

