



**Office Ally**

**JOHN MUIR PHYSICIAN NETWORK (JMH01)  
EDI-ENROLLMENT INSTRUCTIONS**

#### WHICH FORMS SHOULD I COMPLETE?

- Electronic Remittance Advice (ERA) Enrollment Form

#### WHERE SHOULD I SEND THE FORM(S)?

- This form requires **original signature to be mailed to:**

John Muir Health Physician Network  
Attn: EDI Configuration Dept  
1450 Treat Blvd. Suite 350  
Walnut Creek, CA 94597

#### WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 5-10 business days

#### HOW DO I CHECK STATUS?

- If you have not received your first remittance file from Office Ally within 30 days, please contact the payer's customer service department at 925-952-2887 to confirm the approval date for the ERA Enrollment request.



Date: \_\_\_\_\_

RE: Option to Receive Electronic Remittance Advice

Dear Provider:

Thank you for choosing the electronic method for submission of your healthcare claims for Physician Network HMO patients. We are happy to inform you that you now have the option to receive electronic Remittance Advice (RAs) for your Physician Network HMO claims (i.e., 835 RA transactions through your clearinghouse). We have completed testing of 835 Remittance Advice transactions with the below clearing houses and would like to invite you and your practice to begin receiving electronic RAs.

- Change Healthcare
- Trizetto
- Office Ally
- FinThrive

Please indicate which clearing house you utilize and sign below to acknowledge that you wish to sign up for 835 Remittance Advice and return to us so we can initiate the process. Once we have you set up to receive electronic RAs, we will continue to provide you with the paper RA for a 30 day period, so you can be sure the process of posting your claims electronically via the 835 is working to your satisfaction.

YES, I want to begin receiving electronic RAs for my Physician Network HMO claims:

Physician/Group Practice Name: \_\_\_\_\_

Physician/Group Practice representative Contact Info (Name, Phone, Email): \_\_\_\_\_

NPI: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Clearing House Name: Office Ally

Signature: \_\_\_\_\_

This agreement must contain an original signature. A faxed copy will not be accepted, therefore this must be mailed to:

John Muir Health Physician Network  
 Attn: EDI Configuration Dept.  
 1450 Treat Blvd. Suite 350  
 Walnut Creek, CA 94597

Please call our Customer Service Department if you have any questions regarding this letter, at (925) 952-2887.

Sincerely,

JMHPN EDI Claims Analyst