Office Ally

WHICH FORMS SHOULD I COMPLETE?

- Complete the **Harrington Health 835 ERA Enrollment Form** (Pg. 3)

WHERE SHOULD I SEND THE FORM(S)?

- Email the **completed form** to Availity.ERA@OfficeAlly.com
    - Please list the following as the **Subject Line** in your email: **Kaiser CSI - ERA Enrollment - (Insert NPI)**
    - You will receive an auto-generated email returning a case number for your submission to Availity.ERA@officeally.com. You will need this case number to follow up on status.

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 30 Business Days

HOW DO I CHECK STATUS?

- Once your enrollment form is received and submitted & processed, Office Ally will email you a confirmation of the approval.

- If you have not received a status update within the allotted turnaround time frame, please reply to your original case number email received requesting a status of the enrollment request.

835 ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT FORM

Please complete the following information:

____Activate Enrollment: Date: ____/____/_____   ____Terminate Enrollment: Date: ____/____/_____

Provider Name: _____

Provider Address: _____ City: _____ _____

State: _____ **Zip Code:** _____-_____   **Provider Contact:** _____

Provider Phone Number: (_____)-_____-_____

Provider Tax Identification Number (TIN): _____

Provider National Provider Identifier (NPI):_____

Clearinghouse Name: _____ _____ _Change Healthcare (CHC1)_____

 Vendor Name: _____

This authority is to remain in full force and effect until Harrington Health has received written notification from me on its termination in such tome and such manner as to afford Harrington Health a reasonable time to act on notification.

Authorized Signature: _____ Date: ____/____/_____

Electronic Remittance Advice (ERA) – New Enrollment