

WHICH FORMS SHOULD I COMPLETE?

Send an email to payerenrollment@officeally.com as follows:

- i. Subject: Neighborhood HP of RI (05047) ERA Enrollment_(insert your NPI)
- ii. Body: Please process the ERA Enrollment for Neighborhood HP of Rhode Island with the below information:
 1. Provider Name:
 2. Provider NPI:
 3. Provider TIN:
 4. Physical Address (cannot be a PO Box):
 5. Payer: Neighborhood Health Plan of Rhode Island
 6. Payer ID: 05047

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.