

WHICH FORMS SHOULD I COMPLETE?

- **835 Enrollment Request (California)**
- If you would also like to set up EFT, please complete the **Electronic Funds Transfer Request Form**
 - o *Include a voided check with EFT enrollment request*

WHERE SHOULD I SEND THE FORM(S)?

- Fax the **835 Enrollment Request** to (310) 352-6219 **ATTN: Technical Services - EDI**
- Email the **Electronic Funds Transfer Request** to EFT_Enrollment@optumcare.com

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 20 business days.

HOW DO I CHECK STATUS?

- The payer will not perform status updates for ERA and/or EFT Enrollment Requests.
- The provider's paper EOB is kept on for 45 days after ERA enrollment approval, so providers will receive both the paper EOB and the ERA. After 45 days, the paper EOB is turned off and they will only receive the ERA.



835 ENROLLMENT REQUEST (CALIFORNIA)

TYPE OF REQUEST:

- Select **NEW** if not currently receiving Electronic 835 Remittance File to Auto-Post Payments
 - Must complete Section 1
 - Select **DELETE** if terminating receipt of the Electronic 835 Remittance File to Auto-Post Payments
 - Must Complete Sections 1 and 3
- ** Fax completed form to Optum --**
ATTN: Technical Services – EDI
Fax# (310) 352-6219

1. Healthcare Professional/Institution Information	
Contact Name:	Contact Number:
Contact E-mail:	Prov/Inst Group NPI#
Healthcare Prof/Inst Name:	TIN:
Address:	Phone#
City:	State/Zip:

2. Receiver Information	
Receiver Name: Office Ally, Inc.	
Contact: Customer Service	
Phone# 360-975-7000 – Option 1	HCP Submitter ID:

3. Delete Enrollment
Receiver Name:
Delete Enrollment for (HCP use only):



ELECTRONIC FUNDS TRANSFER REQUEST

To sign up for Electronic Funds Transfer (EFT), please complete all of the information below and submit form via e-mail to Barbara Rossato, Accounts Payable Claims Technician at EFT_Enrollment@optumcare.com

Today's Date:	
Provider/Institution Name:	
Provider/Institution Tax ID (TIN)#	
Provider/Institution E-mail Address:	
Bank Name:	
Bank Routing Number:	
Bank Account Number:	
Signature Authorizing Funds Transfer:	
Contact Phone# for questions:	

IMPORTANT NOTES:

- Completed form must be submitted with a copy of a voided check from the bank account into which the funds will be transferred/routed to
- For any questions/issue you may have regarding EFT, contact Barbara Rossato at (310) 354-4377