WHAT FORM(S) SHOULD I DO?

- **835 Enrollment Request Form**
- **Optum ERA Provider Setup Form**

WHERE SHOULD I SEND THE FORM(S)?

- Email both forms to Support@officeally.com; or fax them to (360) 896-2151.

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 14 business days.

OPTUM 835 ENROLLMENT REQUEST

OFFICE ALLY

Email this form to Support@officeally.com or Fax to (360) 896-2151. Once your form is received and processed, Office Ally will email you a confirmation. If you do not receive a confirmation email from us within 2-3 business days or faxing or emailing this form, please send it again. Please make sure to print legibly and to complete this form in its entirety. You risk delaying enrollment if the application is unreadable or incomplete. All fields in **bold** are **required.**

PROVIDER INFORMATION

Provider Name:

Provider Address: **City:**   **State:**   **Zip:**

PROVIDER IDENTIFIERS INFORMATION

**Provider Federal Tax Identification Number
Employer Identification Number (EIN):**   **National Provider Identifier (NPI):**

PROVIDER CONTACT INFORMATION

Contact Name: **Telephone Number/Extension:**

Email Address: **Fax Number:**

SUBMISSION INFORMATION

Reason for Submission:

Authorized Signature:

   Note: Electronic Signature (Typed Name) of Person Submitting ERA Enrollment.

NOTE: If you have received ERA's from these payers through another clearinghouse, you may be prompted via email from your previous clearinghouse to confirm the change. If you do not confirm the change, enrollment will be delayed.

For Internal Optum360 use only:

Add to spreadsheet then
Email: CBrock@evicore.com
Est. Approval – 14 Business Days

OPTUM360 ERA Setup Form

Please complete the requested information below. This information will be used to ensure your agreements are setup and processed in the most efficient manner. This form is for Optum360 use only and will not be forwarded on to the payer with your enrollment agreements.

Optum360 user ID:	
Contact Name:	
Group Name:	
Group Billing TIN:	
Group Billing NPI:	
Group Legacy ID:	
Taxonomy Code:	

Please list all providers for this Payer below:

Provider Name	Individual PTAN or Legacy ID (if applicable)	Individual NPI	Payer Name

LNDMK Landmark Healthcare - ERA

Last Updated: 7/1/2018