



835 ENROLLMENT REQUEST

Email this form to enrollmentadmin@officeally.com or Fax to (360) 314-2184. 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.

Please select those payers you wish to receive ERAs from **ONLY**.

Continue to Page 2 for payer selection.

This form can be used to enroll for ERAs from any of the following payers. Check all that apply.

Payer ID	Payer Name	Payer ID	Payer Name
36273	AARP (Insured by UnitedHealthcare)	39026	UMR (formerly Wausau/UHIS)
59274	AvMed Inc	37602	United HealthOne / Golden Rule
87726	Care Improvement Plus (CIP) / XL Health	81400	United HealthOne / UnitedHealthcare Life Insurance
65031	CarePlus Health Plans	87726	UnitedHealthcare
PROH1	Dignity Health - Mercy MG / Woodland	81400	UnitedHealthcare / All Savers Insurance
PROH2	Dignity Health - Sequoia Physicians	87726	UnitedHealthcare / MAHP - MD IPA - Optimum - MLH (MAMSI)
44054	GEHA / Texas Dental Plan	06111	UnitedHealthcare / Oxford
95192	Group Health Cooperative Eau Claire	74227	UnitedHealthcare / Student Resources
84555	HMO Louisiana Blue	03432	UnitedHealthcare Community Plan / AZ (APIPA)
37217	Key Benefit Administrators	04567	UnitedHealthcare Community Plan / DE, FL, HI, LA, MA, MD, NM, OH, PA, VA, WA
35199	MdWise Select Health Network/Cooperative Managed Care Services	95378	UnitedHealthcare Community Plan / IA, MS CAN & CHIP, TN
94265	Medica and Medica UHC	96385	UnitedHealthcare Community Plan / KS
78857	Medica HealthCare Plans / FL	95467	UnitedHealthcare Community Plan / MI
87726	Neighborhood Health Partnership	86050	UnitedHealthcare Community Plan / MO
LIFE1	OptumCare / AZ, UT (Optum Medical Network / Lifeprint)	UFNEP	UnitedHealthcare Community Plan / NE
41194	OptumHealth Complex Medical Conditions (CMC)	86047	UnitedHealthcare Community Plan / NJ
41161	OptumHealth Physical (Includes Oxford)	NYU01	UnitedHealthcare Community Plan / NYU
37330	Physicians Health Plan (PHP)	TEX01	UnitedHealthcare Community Plan / TX
65088	Preferred Care Partners / FL	WID01	UnitedHealthcare Community Plan / WI
11440	Sendero IdealCare	95378	UnitedHealthcare Plan of the River Valley
76342	Sierra Health Services / Health Plan of NV	00773	UnitedHealthcare Vision / Spectera
48055	Todays Option	95959	UnitedHealthcare West / CA, OK, OR, TX, WA - PacifiCare of AZ, CO, NV