

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**.

unreadable of incomplete. All fields in bold are required.					
PROVIDER INFORMATION					
rovider Name:					
rovider Address:	City:	State:	Zip:		
PROVIDER IDENTIFIERS INFORMATION					
rovider Federal Tax Identification Number mployer Identification Number (EIN):	National Provider Identifier (NPI):				
	Tradional Tradiana	· <i>1</i> ·			
PROVIDER CONTACT INFORMATION					
ontact Name:	Telephone Number/Extension:				
mail Address:	Fax Number:				
SUBMISSION INFORMATION					
and the Culturianian					
eason for Submission:					
uthorized 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)	48055	Todays Option
59274	AvMed Inc	39026	UMR (formerly Wausau/UHIS)
87726	Care Improvement Plus (CIP) / XL Health	37602	United HealthOne / Golden Rule
65031	CarePlus Health Plans	81400	United HealthOne / UnitedHealthcare Life Insurance
PROH1	Dignity Health - Mercy MG / Woodland	87726	UnitedHealthcare
PROH2	Dignity Health - Sequoia Physicians	81400	UnitedHealthcare / All Savers Insurance
44054	GEHA / Texas Dental Plan	87726	UnitedHealthcare / MAHP - MD IPA - Optimum - MLH (MAMSI)
95192	Group Health Cooperative Eau Claire	06111	UnitedHealthcare / Oxford
38224	Health Alliance Plan of Michigan	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
3135M	MDwise Healthy Indiana Plan	95378	UnitedHealthcare Community Plan / IA, MS CAN & CHIP, TN
3519M	MDwise Hoosier Healthwise	96385	UnitedHealthcare Community Plan / KS
35199	MDwise Select Health Network/Cooperative Managed Care Services	95467	UnitedHealthcare Community Plan / MI
94265	Medica and Medica UHC	86050	UnitedHealthcare Community Plan / MO
78857	Medica HealthCare Plans / FL	UFNEP	UnitedHealthcare Community Plan / NE
87726	Neighborhood Health Partnership	86047	UnitedHealthcare Community Plan / NJ
LIFE1	OptumCare / AZ, UT (Optum Medical Network / Lifeprint)	NYU01	UnitedHealthcare Community Plan / NYU
41194	OptumHealth Complex Medical Conditions (CMC)	TEX01	UnitedHealthcare Community Plan / TX
41161	OptumHealth Physical (Includes Oxford)	WID01	UnitedHealthcare Community Plan / WI
37330	Physicians Health Plan (PHP)	95378	UnitedHealthcare Plan of the River Valley
65088	Preferred Care Partners / FL	00773	UnitedHealthcare Vision / Spectera
11440	Sendero IdealCare	95959	UnitedHealthcare West / CA, OK, OR, TX, WA - PacifiCare of AZ, CO, NV
76342	Sierra Health Services / Health Plan of NV		