

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) | 11440 | Sendero IdealCare |
| 59274 | AvMed Inc | 76342 | Sierra Health Services / Health Plan of NV |
| 87726 | Care Improvement Plus (CIP) / XL Health | 48055 | Todays Option |
| 10629 | Christus Health Medicare Advantage | 39026 | UMR (formerly Wausau/UHIS) |
| PROH1 | Dignity Health - Mercy MG / Woodland | 37602 | United HealthOne / Golden Rule |
| PROH2 | Dignity Health - Sequoia Physicians | 81400 | United HealthOne / UnitedHealthcare Life Insurance |
| 44054 | GEHA / Texas Dental Plan | 87726 | UnitedHealthcare |
| 95192 | Group Health Cooperative Eau Claire | 81400 | UnitedHealthcare / All Savers Insurance |
| 38224 | Health Alliance Plan of Michigan | 87726 | UnitedHealthcare / MAHP - MD IPA - Optimum - MLH (MAMSI) |
| 84555 | HMO Louisiana Blue | 06111 | UnitedHealthcare / Oxford |
| 42344 | Keystone First Community Health Choices | 74227 | UnitedHealthcare / Student Resources |
| 23284 | Keystone Mercy Health Plan | 03432 | UnitedHealthcare Community Plan / AZ (APIPA) |
| 38338 | McLaren Health Plan | 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 |
| 91313 | MDwise Hoosier Care Connect | 96385 | UnitedHealthcare Community Plan / KS |
| 3519M | MDwise Hoosier Healthwise | 95467 | UnitedHealthcare Community Plan / MI |
| 35199 | MDwise Select Health Network/Cooperative Managed Care Services | 86050 | UnitedHealthcare Community Plan / MO |
| 94265 | Medica and Medica UHC | UFNEP | UnitedHealthcare Community Plan / NE |
| 78857 | Medica HealthCare Plans / FL | 86047 | UnitedHealthcare Community Plan / NJ |
| 87726 | Neighborhood Health Partnership | NYU01 | UnitedHealthcare Community Plan / NYU |
| 04332 | Network Health (Tufts) | TEX01 | UnitedHealthcare Community Plan / TX |
| LIFE1 | OptumCare / AZ, UT (Optum Medical Network / Lifeprint) | WID01 | UnitedHealthcare Community Plan / WI |
| 41194 | OptumHealth Complex Medical Conditions (CMC) | 95378 | UnitedHealthcare Plan of the River Valley |
| 41161 | OptumHealth Physical (Includes Oxford) | 00773 | UnitedHealthcare Vision / Spectera |
| 37330 | Physicians Health Plan (PHP) | 95959 | UnitedHealthcare West / CA, OK, OR, TX, WA - PacifiCare of AZ, CO, NV |
| 65088 | Preferred Care Partners / FL | | |