



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)	65088	Preferred Care Partners / FL
59274	AvMed Inc	11440	Sendero IdealCare
87726	Care Improvement Plus (CIP) / XL Health	76342	Sierra Haelth Services / Health Plan of NV
10629	Christus Health Medicare Advantage	39026	UMR (formerly Wausau/UHIS)
PROH1	Dignity Health - Mercy MG / Woodland	37602	United HealthOne / Golden Rule
44054	GEHA / Texas Dental Plan	81400	United HealthOne / UnitedHealthcare Life Insurance
95192	Group Health Cooperative Eau Claire	87726	UnitedHealthcare
38224	Health Alliance Plan of Michigan	81400	UnitedHealthcare / All Savers Insurance
37290	Health Services for Children with Special Needs (HSCSN)	87726	UnitedHealthcare / MAHP - MD IPA - Optimum - MLH (MAMSI)
84555	HMO Louisiana Blue	0611	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
MAHP1	Medical Associates Health Plan	NYU01	UnitedHealthcare Community Plan / NYU
87726	Neighborhood Health Partnership	TEX01	UnitedHealthcare Community Plan / TX
04332	Network Health (Tufts)	WID01	UnitedHealthcare Community Plan / WI
LIFE1	OptumCare / AZ, UT (Optum medical Network / Lifeprint)	95378	UnitedHealthcare Plan of the River Valley
41194	OptumHealth Complex Medical Conditions (CMC)	00773	UnitedHealthcare Vision / Spectera
41161	OptumHealth Physical (Includes Oxford)	95959	UnitedHealthcare West / CA, OK, OR, TX, WA - PacifiCare of AZ, CO, NV
37330	Physicians Health Plan (PHP)	VACCN	VA Community Care Network