



OPTUM 835 ENROLLMENT REQUEST

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.

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 |
| 87726 | Care Improvement Plus (CIP) / XL Health | 11440 | Sendero IdealCare |
| 10629 | Christus Health Medicare Advantage | 76342 | Sierra Haelth Services / Health Plan of NV |
| PROH1 | Dignity Health - Mercy MG / Woodland | 39026 | UMR (formerly Wausau/UHIS) |
| 44054 | GEHA / Texas Dental Plan | 37602 | United HealthOne / Golden Rule |
| 95192 | Group Health Cooperative Eau Claire | 81400 | United HealthOne / UnitedHealthcare Life Insurance |
| 38224 | Health Alliance Plan of Michigan | 87726 | UnitedHealthcare |
| 37290 | Health Services for Children with Special Needs (HSCSN) | 81400 | UnitedHealthcare / All Savers Insurance |
| 84555 | HMO Louisiana Blue | 87726 | UnitedHealthcare / MAHP - MD IPA - Optimum - MLH (MAMSI) |
| 42344 | Keystone First Community Health Choices | 06111 | UnitedHealthcare / Oxford |
| 23284 | Keystone Mercy Health Plan | 74227 | UnitedHealthcare / Student Resources |
| 90096 | Land of Lincoln Health | 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 |