



OPTUM 835 ENROLLMENT REQUEST

Email this form to Optum.ERA@officeally.com. 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 of emailing this form, please send it again. Please print legibly and complete the form in its entirety. Your application may be delayed if 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:

Phone 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 ERAs 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.

Payer ID	Payer Name
36273	AARP (Insured by UnitedHealthcare)
26119	American Insurance Administrators (AIA)
87726	Care Improvement Plus (CIP) / XL Health
10629	Christus Health Medicare Advantage
65391	CBHNP - Health Choice
68063	Celtic Insurance
39113	Dean Health Plan
PROH1	Dignity Health - Mercy MG / Woodland
31625	ElderPlan, Inc.
74284	Driscoll Childrens Health Plan
77950	Health Alliance Medical Plans
62179	Health Choice Arizona
62180	Health Choice Generations
40026	HealthScope UMR
86066	HMA Hawaii
3135M	Mdwise Healthy Indiana Plan
3519M	Mdwise Hoosier Healthwise
94265	Medica and Medica UHC
87726	Medica HealthCare Plans / FL
71890	Medica Health Plan Solution
MAHP1	Medical Associates Health Plan
74323	Medical Benefits Mutual
75190	NCAS - Fairfax Virginia
87726	Neighborhood Health Partnership
39144	Network Health Plan of WI
91068	Northwest Administrators
41194	OptumHealth Complex Medical Conditions (CMC)
41161	OptumHealth Physical (Includes Oxford)

Payer ID	Payer Name
87726	Preferred Care Partners FL
45281	Riverside Health Inc.
76342	Sierra Health Services / Health Plan of NV
76048	Texas Childrens Health Plan
75228	Texas Childrens Health Plan Medicaid
39026	UMR (formerly Wausau/UHIS)
37602	United HealthOne / Golden Rule
81400	United HealthOne / UnitedHealthcare Life Insurance
87726	UnitedHealthcare
81400	UnitedHealthcare / All Savers Insurance
87726	UnitedHealthcare / MAHP - MD IPA - Optimum - MLH (MAMSI)
03432	UnitedHealthcare Community Plan / AZ (APIPA)
04567	UnitedHealthcare Community Plan / DE, FL, HI, LA, MA, MD, NM, OH, PA, VA, WA
95378	UnitedHealthcare Community Plan / IA, MS CAN & CHIP, TN
96385	UnitedHealthcare Community Plan / KS
95467	UnitedHealthcare Community Plan / MI
86050	UnitedHealthcare Community Plan / MO
UFNEP	UnitedHealthcare Community Plan / NE
86047	UnitedHealthcare Community Plan / NJ
NYU01	UnitedHealthcare Community Plan / NYU
TEX01	UnitedHealthcare Community Plan / TX
WID01	UnitedHealthcare Community Plan / WI
95378	UnitedHealthcare Plan of the River Valley
00773	UnitedHealthcare Vision / Spectera
95959	UnitedHealthcare West / CA, OK, OR, TX, WA - PacifiCare of AZ, CO, NV
VACCN	VA Community Care Network
75261	WebTPA/CHEC