

LANDMARK HEALTHCARE (LNDMK) ERA ENROLLMENT INSTRUCTIONS



WHAT FORM(S) SHOULD I DO?

- 835 Enrollment Request Form
- Optum ERA Provider Setup Form

WHERE SHOULD I SEND THE FORM(S)?

- Email the 835 Enrollment Request Form to Support@officeally.com or fax it to (360) 896-2151.
- Email the Optum ERA Provider Setup Form to enrollments@optum.com or fax it to (877) 630-2064.

WHAT IS THE TURNAROUND TIME?

- The enrollment process can take approximately 14 business days.

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 e-mail or call you. If you do not receive a confirmation e-mail/call from us within 2-3 days of faxing this form to us, please fax 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:

ELECTRONIC REMITTANCE ADVICE INFORMATION (CHECK ONLY ONE)

Preference for Aggregation of Remittance Data: (i.e. Account Number Linkage to Provider Identifier). Note: Provider Preference for grouping (bulking) claim payment advice. Must match preference for EFT payment (i.e. Billing Provider). Choose and fill in only **one**.

Provider Federal Tax Identification Number (TIN):

National Provider Identifier (NPI):

SUBMISSION INFORMATION

Reason for Submission:

Authorized Signature:

Note: Electronic Signature (Typed Name) of Person Submitting ERA Enrollment.



For Internal Optum use only:
Email: sjohnson@lmhealthcare.com
CC: sbowser@lmhealthcare.com
Est. approval – 14 Business Days

OPTUM ERA Setup Form

Please complete the requested information below. This information will be used to ensure your agreements are setup and processed in the most efficient manner. This form is for Optum use only and will not be forwarded on to the payer with your enrollment agreements.

| | |
|---------------------------|--|
| Optum user ID: | |
| Contact Name: | |
| Group Name: | |
| Group Billing TIN: | |
| Group Billing NPI: | |
| Group Legacy ID: | |
| Taxonomy Code: | |

Please list all providers for this Payer below:

| Provider Name | Individual PTAN or Legacy ID (if applicable) | Individual NPI | Payer Name |
|----------------------|---|-----------------------|-------------------|
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