

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 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.

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.

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)	06111	UnitedHealthcare / Oxford
87726	Care Improvement Plus (CIP) / XL Health	39026	UMR (formerly Wausau/UHIS)
PROH1	Dignity Health - Mercy MG / Woodland	74227	UnitedHealthcare / Student Resources
PROH2	Dignity Health - Sequoia Physicians	03432	UnitedHealthcare Community Plan / AZ (APIPA)
44054	GEHA / Texas Dental Plan	04567	UnitedHealthcare Community Plan / DE, FL, HI, LA, MA, MD, NM, OH, PA, VA, WA
94265	Medica and Medica UHC	95378	UnitedHealthcare Community Plan / IA, MS CAN & CHIP, TN
78857	Medica HealthCare Plans / FL	96385	UnitedHealthcare Community Plan / KS
87726	Neighborhood Health Partnership	95467	UnitedHealthcare Community Plan / MI
LIFE1	OptumCare / AZ, UT (Optum Medical Network / Lifepoint)	86050	UnitedHealthcare Community Plan / MO
41194	OptumHealth Complex Medical Conditions (CMC)	UFNEP	UnitedHealthcare Community Plan / NE
41161	OptumHealth Physical (Includes Oxford)	86047	UnitedHealthcare Community Plan / NJ
37330	Physicians Health Plan (PHP)	NYU01	UnitedHealthcare Community Plan / NYU
65088	Preferred Care Partners / FL	TEX01	UnitedHealthcare Community Plan / TX
76342	Sierra Health Services / Health Plan of NV	WID01	UnitedHealthcare Community Plan / WI
37602	United HealthOne / Golden Rule	95378	UnitedHealthcare Plan of the River Valley
81400	United HealthOne / UnitedHealthcare Life Insurance	00773	UnitedHealthcare Vision / Spectera
87726	UnitedHealthcare	95959	UnitedHealthcare West / CA, OK, OR, TX, WA - PacifiCare of AZ, CO, NV
81400	UnitedHealthcare / All Savers Insurance		
87726	UnitedHealthcare / MAHP - MD IPA - Optimum - MLH (MAMSI)		