OXFORD HEALTH (06111)
ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- **Oxford ERA Enrollment Request**
- OptumPay Online Registration (EFT – required)
    - Instructions found on page 3
    - If you need further assistance, please call Optum EPS at 877-620-6194 opt 5

WHERE SHOULD I SEND THE FORM(S)?

- Email the Oxford ERA Enrollment Request to Support@officeally.com

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 7-10 business days

HOW DO I CHECK STATUS?

- To check your ERA enrollment status, send an email to Support@officeally.com

Email this form to Support@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 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.

OPTUMBank®
Member FDIC

Welcome to Optum Pay™

Optum Pay provides more payment options from more payers. That means practices can quickly reconcile claims payments, identify patient responsibility and speed up the revenue cycle.

BENEFITS OF OPTUM PAY   **ENROLL NOW**

Before you begin enrollment

The following enrollment application for Optum Pay will enroll your Healthcare organization for electronic payments (ACH/direct deposit or Virtual e-card payments).

If you represent a 3rd Party Processing or 3rd Party Billing Company, this enrollment process will register your organization with Optum Pay and provide the right to use the Optum Pay Portal to access the claims and remittance data for your healthcare clients.

If you would like to learn more about the program and its benefits, please visit the Benefits of Optum Pay page before beginning the enrollment process. You may also download the instructions for enrollment using the link below.

Download ACH/Direct Deposit Enrollment Guide   Download Virtual Card Payment Enrollment Guide

Download Billing Service Enrollment Guide

* To get started, please let us know how you heard about Optum Pay?

○ Health plan communication
○ Provider Advocate recommendation
○ Optum outreach team
● Optum email or communications
○ Other

CANCEL ENROLLMENT   **CONTINUE**

OPTUM Bank® | Optum Pay™ Online Enrollment

First, tell us how you would classify your enrollment.

I am enrolling as a Healthcare Organization.

I am enrolling my 3rd Party Billing Service Company

❓ Which option should I choose?

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I am enrolling as a Healthcare Organization.   Change

Great! Next, how would you like to receive your payments?

I would like to enroll in direct deposit (ACH) only.

I would like to enroll in virtual card payments (VCP) only.

I would like to enroll in ACH and VCP.

❓ Which option should I choose?

I am enrolling as a Healthcare Organization.   Change

I would like to enroll in direct deposit (ACH) only.   Change

Please enter your 9 digit Organizational Tax Identification (TIN):

Enter TIN or EIN

☐ I'm not a robot

reCAPTCHA
Privacy - Terms

CANCEL ENROLLMENT   **CONTINUE**

Congratulations, your TIN is eligible for enrollment!

Please be advised that in order to complete the online enrollment process, you will need to provide the following:

✅ Organization name, mailing information, and National Provider Identifier (NPI), if applicable

✅ Contact information, including the name, telephone number, and e-mail address for two members of your organization who will serve as administrators for your account.
  - Administrators are able to control user access to the account and add/update bank account info.
  - The primary contact should be an individual responsible for daily and routine matters.
  - The secondary contact should be a director of Accounting, Human Resources or the Finance Department.
    NOTE: A secondary contact is recommended to ensure oversight of any changes made to your enrollment, especially banking information. However if you do not have a secondary contact, you are not required to complete this information.

✅ Banking information (if setting up ACH direct deposit)

Organization Information

Please enter your business name, address, type and NPI (if you have one). All fields marked with an asterisk (*) are required. Avoid using special characters such as: & # . , ' * () [ ].

*Business Name

[   ]   Enter the name exactly as it appears on your tax ID documentation. Avoid using your organization DBA if you have one.

Business Address

To help ensure the security of your account, you must enter a physical address for your organization. **PO Boxes are not allowed** and cannot be used as your address of record. If you do attempt to use a PO Box your enrollment may be delayed and may not be accepted.

*Street   *City

[   ]   [   ]

*State/Province   *Zip/Postal Code

[Select State ▾]   [   ] – [   ]

Provider Identifiers Information

This additional information will also be required as you complete the enrollment.

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| Organization Information | Identify Administrators | Financial Institution Information | Upload W9 | Review and Submit | Enrollment Submitted |

OPTUM360 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 Optum360 use only and will not be forwarded on to the payer with your enrollment agreements.

Optum360 user ID:	
Contact Name:	
Group Name:	
Group Billing TIN:	
Group Billing NPI:	
Group Legacy ID:	

Please list all providers for this Payer below:

Provider Name	Individual PTAN or Legacy ID (if applicable)	Individual NPI	Payer Name
I completed enrollment with OPTUM EPS on this date:			
☐ I have an existing OPTUM EPS			

06111 UnitedHealthcare/Oxford - ERA/EFT   **Last Updated: 2/11/2020**