

WHICH FORMS SHOULD I COMPLETE?

- PSKW ERA Enrollment Form (Page 2)

WHERE SHOULD I SEND THE FORM(S)?

- Email to payerenrollment@officeally.com
 - o Subject: PSKW_ERA Enrollment Request_(insert NPI)

WHAT IS THE TURNAROUND TIME?

- The ERA enrollment will process right away. Once you receive confirmation, any ERAs generated by the Payer henceforth should flow in through Office Ally.

HOW DO I CHECK STATUS?

- Contact the Payer directly to inquire on the status of this enrollment request.

PROVIDER PRIMARY IDENTIFIERS

Provider Name:

Provider type (Organization or Individual):

Provider Tax Identification Number (TIN):

Tax ID Type (EIN/SSN):

Provider NPI:

Provider Taxonomy (Optional):

PROVIDER ADDRESS

Provider Address 1:

Provider Address 2:

Provider City:

State:

ZIP:

PROVIDER CONTACT

Contact Phone Number:

Contact Email:

Contact Name:

AUTHORIZATION

Enrollment Completed/Authorized by (Type Name):

Enrollment Completed/Authorized on (Date):