

# PARTNERSHIP HEALTHPLAN OF CA (CPP08) ERA ENROLLMENT INSTRUCTIONS



## WHAT FORM(S) SHOULD I DO?

- [835 ERA Enrollment & Payer Agreement](#)

## WHERE SHOULD I SEND THE FORM(S)?

- Fax to: (707) 863-4390; or
- Email to: [EDI-Enrollment-Testing@partnershiphp.org](mailto:EDI-Enrollment-Testing@partnershiphp.org)

## WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- Standard processing time is 4-6 weeks.
- Notice of approval will be emailed to the provider and Office Ally.

## HOW DO I CHECK STATUS?

- Call (707) 863-4520 and ask if you have been linked to our submitter ID OFA330897513000 for ERA's.