

# QUAL CHOICE OF ARKANSAS (35174) ERA ENROLLMENT INSTRUCTIONS



## WHAT FORM(S) SHOULD I DO?

- Emdeon ERA Enrollment Form
- QualChoice ERA (835) Enrollment Form

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

- Email the Emdeon ERA Enrollment Form to [support@officeally.com](mailto:support@officeally.com)
- Mail, Fax, or Email the QualChoice ERA (835) Enrollment Form to:
  - **QualChoice**  
Attn Business Unit  
PO Box 25610  
Little Rock, AR 72221
  - **Fax:** (501) 707-6815
  - **Email:** [QCA\\_BU\\_PR@qualchoice.com](mailto:QCA_BU_PR@qualchoice.com)

## WHAT IS THE TURNAROUND TIME FOR ERA ENROLLMENT?

- Once Office Ally receives your Emdeon ERA enrollment form, we will process within 24-48 hours.
- Standard processing time for QualChoice ERA enrollment is 30-60 days.

## HOW DO I CHECK STATUS?

- To check the status of your ERA Enrollment Request, Please email Office Ally's Customer Support Department at [support@officeally.com](mailto:support@officeally.com).
  - Make sure to provide the **Payer, TIN/EIN** and **NPI** that was submitted on the form when you contact us.

# EMDEON ERA ENROLLMENT FORM



In order to enroll to receive ERAs electronically from this payer, please fill out this form and return it via email to [Support@officeally.com](mailto:Support@officeally.com), the Email Subject should read: **Emdeon ERA Enrollment**.

## PAYER INFORMATION OF THE PAYER YOU ARE ENROLLING FOR ERAS FROM:

## PROVIDER INFORMATION:

**Provider Name:**

**Provider Address:**

## PROVIDER IDENTIFIERS INFORMATION:

**Provider Federal Tax Identification Number (TIN)  
OR Employer Identification Number (EIN):**

**National Provider Identifier (NPI):**

## PROVIDER CONTACT INFORMATION:

**Provider Contact Name:**

**Telephone Number:**

**Email Address:**

## ELECTRONIC REMITTANCE ADVICE INFORMATION:

**Preference for Aggregation  
of Remittance Data:**

**Note:** Account Number Linkage to Provider Identifier. Must match preference for EFT payments.

## SUBMISSION INFORMATION:

**Reason for Submission:**

**Authorized Signature:**

**Note:** Electronic Signature (typed name) of Person Submitting ERA Enrollment.