

WHICH FORMS SHOULD I COMPLETE?

- 835 Enrollment Information Form (Pg. 2)

WHERE SHOULD I SEND THE FORM(S)?

- The completed **<u>835 Enrollment Information Form</u>** can be emailed to <u>edisupport@allcaretoyou.com</u>

HOW DO I CHECK STATUS?

- Standard processing time can take up to 10 business days.

HOW DO I CHECK STATUS?

 If you have not started receiving your (ERA) Electronic Remittance Files after the allotted timeframe, you can reach out to <u>edisupport@allcaretoyou.com</u> to confirm if you are now approved with Office Ally for the 835/ERA transaction.



PROVIDER INFORMATION

835-ENROLLMENT INFORMATION FORM

| Provider Name: | |
|---|-------------------------------------|
| Provider Address: | |
| PROVIDER IDENTIFIER INFORAMTION | |
| Tax Identifier (TIN or EIN): | National Provider Identifier (NPI): |
| PROVIDER CONTACT INFORMATION | |
| Provider Contact Name: | |
| Telephone Number: | Email Address: |
| PAYER NAME | |
| Name of Payer Enrolling: | |
| SUBMISSION INFORMATION | |
| Authorized Signer Name & Title: | |
| Authorized Signature: | |
| NOTE : Electronic Signature (typed name) of person submitting ERA Enrollment | |

Office Ally, Inc | PO Box 872020 | Vancouver, WA 98687 | (360) 975-7000