



# SENTINEL SECURITY LIFE (87020) ERA ENROLLMENT INSTRUCTIONS

## WHICH FORM(S) SHOULD I DO?

- 835 Enrollment Request
- Optum 360 Electronic Remittance Advice Enrollment

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

- Email both forms to [EnrollmentAdmin@officeally.com](mailto:EnrollmentAdmin@officeally.com); OR
- Fax to (360) 314-2184

## WHAT IS THE TURNAROUND TIME?

- Office Ally will process your enrollment within 2-3 business days. Processing time varies from payer to payer and ERAs can take up to 45 business days to begin being sent.
  - Please note that if you have received ERAs from this payer 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.

## HOW DO I CHECK STATUS?

- Email Office Ally's Support team at [Support@officeally.com](mailto:Support@officeally.com).



# 835 ENROLLMENT REQUEST

Email this form to [enrollmentadmin@officeally.com](mailto:enrollmentadmin@officeally.com) or Fax to (360) 314-2184. 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**.

## PAYER NAME

## 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.

Payer Name:

Payer ID:

## Overview

Complete all forms as instructed below and return them for the additional processing necessary to set up your account for electronic remittance advice (ERA).

Estimated approval timeframe: \_\_\_\_\_

## Enrollment Agreement Instructions

To enroll for ERAs with \_\_\_\_\_:

1. Complete the attached Optum360 Electronic Remittance Advice Enrollment form.
2. Complete the attached payer enrollment form, which includes instructions to assist with your enrollment.

3. Return all completed forms, along with your Optum360 Electronic Remittance Advice Enrollment form, to Optum360. Submit completed ERA Payer forms under the IEDI Enrollments tab.

**Important:** Include your 8-digit ENS/Optum360 user ID on all correspondence.

### Who do I contact if I have questions?

Contact the Optum360 Enrollment Department at (866) 367-9778, option 1.

Optum360 User ID:			
<b>PAYER INFORMATION</b>			
Payer Name:			Payer ID:
<b>RECEIVER INFORMATION</b>			
Your ERA files will be received by the following clearinghouse:			
Receiver Name:			Availity Customer ID:
Contact Name:			
Telephone Number:	Ext:	E-mail Address:	
<b>PROVIDER INFORMATION</b>			<b>PROVIDER IDENTIFIERS INFORMATION</b>
Provider Name:			Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):
Street:			
City:	State/Province:	ZIP Code/Postal Code:	National Provider Identifier (NPI):
<b>PROVIDER CONTACT INFORMATION</b>			
Provider Contact Name:			
Telephone Number:		E-mail Address:	
<b>ELECTRONIC REMITTANCE ADVICE INFORMATION</b>			
Preference for Aggregation of Remittance Data	Provider Tax Identification Number (TIN):		
	National Provider Identifier (NPI):		
			Date:
<b>SUBMISSION INFORMATION</b>			
Reason for Submission:	New Enrollment	Change Enrollment	Cancel Enrollment
<b>Authorized Signature:</b>			
<p><b>Important:</b> By typing or signing a name in this field, you acknowledge and agree that you have been authorized by the provider or its agent to initiate, modify, or terminate an enrollment. You further acknowledge and agree that you have the legal authority to perform such action on behalf of your organization.</p>			
Printed Name of Person Submitting Enrollment:			Submission Date:
<b>Internal use only:</b>			
<b>Optum360 Internal use only:</b>		<b>Availity Internal use only:</b>	