



# TRICARE EAST (TREST) ERA ENROLLMENT INSTRUCTIONS

## WHICH FORM(S) SHOULD I DO?

- [Change Healthcare PES Online Enrollment](#)
  - Clearinghouse: **Availity**
  - Trading Partner ID: **70000**
  - For any questions using the online enrollment tool, please call (800) 956-5190 or chat with a live Change Healthcare representative
- **Availity 835 Enrollment Form**
  - **Note:** *This enrollment request should only be sent to Office Ally after the PES Online Enrollment has been completed.*

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

- Email the **Availity 835 Enrollment Request** to [Availity.ERA@officeally.com](mailto:Availity.ERA@officeally.com)

## WHAT IS THE TURNAROUND TIME?

- Standard processing time is 7-14 business days

## HOW DO I CHECK STATUS?

- Send an email to [Support@officeally.com](mailto:Support@officeally.com) to check your enrollment status.



# AVAILITY 835 ENROLLMENT FORM

Email this form to [Availity.ERA@officeally.com](mailto:Availity.ERA@officeally.com). The Email Subject should read: **Availity ERA Enrollment**. 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:**

**Date PES Online Enrollment Completed:**

**Authorized Signature:**

Note: Electronic Signature (Typed Name) of Person Submitting ERA Enrollment.