

WHICH FORMS SHOULD I COMPLETE?

- UHIN ERA/EDI Enrollment

WHERE SHOULD I SEND THE FORM(S)?

- Email completed form to UHIN.ERA@officeally.com
 - o **Subject Line:** UHIN ERA/EDI Enrollment_NPI (*Insert your NPI*)
 - o **Email Body:** Please process my UHIN Enrollment request for (insert payer name from page 2).

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 30-45 days.

HOW DO I CHECK STATUS?

- Office Ally will email you a confirmation when the enrollment has been entered. If the enrollment receives a rejection from the Payer, we will notify you within the standard turnaround time frame.
- If you have not received a status update within the allotted turnaround time frame, please reply to your original case number email received.

Provider Information

Provider Name:

Mailing Address:

City:

State:

Zip:

Provider Identifier Information

Tax ID (TIN)/Employee Identification Number (EIN):

National Provider Identifier (NPI):

Provider Contact Information

Contact Name:

Contact Telephone Number:

Contact Email Address:

Extension:

Provider Physical Address (if different from mailing address)

Street Address:

City:

State:

Zip:

Payer Selection/Transaction Types**Deseret Mutual Benefit Administrators (SX105)**Professional Claims
ERA/835**EMI Health (SX110)**

ERA/835

Valley Health Plan (VHP01/VHP02)Institutional Claims
Professional Claims
ERA/835**State Farm Property and Casualty (31059)**

ERA/835