

UPMC HEALTH PLAN (23281) ERA-ENROLLMENT INSTRUCTIONS

WHICH FORMS SHOULD I COMPLETE?

- MEDICAL OFFICE PROVIDER ENROLLMENT FORM (page 2)
 - You must complete:
 - Group Information and/or Provider Information
 - Service Location Address
 - Pay To Address (if different)

WHERE SHOULD I SEND THE FORM(S)?

- Email the completed MOP Enrollment Form to payerenrollment@officeally.com with
 - Subject: UPMC Health Plan ERA Enrollment_(insert NPI)
 - o Email Body: Please process the attached form for ERA enrollment to UPMC Health Plan.

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 15-30 business days.

HOW DO I CHECK STATUS?

- Office Ally will email your enrollment approval once we have confirmation from the payer.





MEDICAL OFFICE PROVIDER ENROLLMENT FORM

Please complete and return via email to enrollassist@cognizant.com

Site ID: 337G	Phone:
Contact Name:	Fax:N/A
Email:	EDI □ ERA ⊠ Eligibility □ CSI□
The information provided on this form	n MUST match what is on file with the payers.
Group Information (if applicable)	Provider Information
Group Name:	First Name:
	MI:
DBA (if applicable):	Last Name:
	Title:
Group NPI:	Individual NPI:
TIN:	Specialty:
Service Location Address	Pay To Address (if different)
Street Address:	Street Address:
Officer Address.	Offeet Address.
City, State, Zip +4:	City, State, Zip +4:
Payer Name	Payer ID
JPMC Health Plan	23281, U3281