CAPARIO ERA ENROLLMENT INSTRUCTIONS



WHICH FORM SHOULD I DO?

- Capario ERA Enrollment Form
 - o **NOTE:** This form is emailed to Office Ally, not to Capario.

WHERE SHOULD I SEND THE FORMS?

- Capario ERA Enrollment Form: Once completed, save and email to support@officeally.com
 - o Make sure that the email subject is: Capario ERA Enrollment.

WHAT IS THE TURN AROUND TIME?

- Once Office Ally receives your Capario ERA Enrollment Form, we will process the request within 24-48 hours.
 - o Note: Incomplete forms will delay the enrollment process, every field is required.
- The time it takes ERAs to start coming through is dependent upon that individual payer. Generally, ERA's can take anywhere from 14 to 45 days to begin coming through.

HOW CAN I CHECK THE STATUS OF MY ERA ENROLLMENT?

- To check the status of the **Capario ERA Enrollment** form, please email or call Office Ally's Customer Support Department at support@officeally.com or (360)975-7000 option 1.
 - o Make sure to provide the **Payer, TIN/EIN** and **NPI** that was submitted on the form when you contact us.

Phone: 360-975-7000 Fax: 360-896-2151

CAPARIO ERA ENROLLMENT FORM



In order to enroll to receive ERAs electronically from this payer, please fill out this form and return it via email to Support@officeally.com, the Email Subject should read: Capario ERA Enrollment.

PAYER INFORMATION OF THE PAYER YOU ARE ENROLLING FOR ERAS FROM:
PROVIDER INFORMATION:
Provider Name:
Provider Address:
PROVIDER IDENTIFIERS INFORMATION:
Provider Federal Tax Identification Number (TIN) OR Employer Identification Number (EIN):
National Provider Identifier (NPI):
PROVIDER CONTACT INFORMATION:
TROVIDER CONTACT IN ORMATION.
Provider Contact Name:
Provider Contact Name:
Provider Contact Name: Telephone Number:
Provider Contact Name: Telephone Number: Email Address:
Provider Contact Name: Telephone Number: Email Address: ELECTRONIC REMITTANCE ADVICE INFORMATION: Preference for Aggregation
Provider Contact Name: Telephone Number: Email Address: ELECTRONIC REMITTANCE ADVICE INFORMATION: Preference for Aggregation of Remittance Data:

Office Ally | P.O. Box 872020 | Vancouver, WA 98687 www.officeally.com

Note: Electronic Signature (typed name) of Person Submitting ERA Enrollment.

Authorized Signature:

Phone: 360-975-7000 Fax: 360-896-2151