VIRGINIA PREMIER (54176) ERA ENROLLMENT INSTRUCTIONS



WHICH FORM(S) SHOULD I DO?

- Emdeon EnrollNow (Click here)
 - o **NOTE:** This is completed online.
 - Office Ally supports only the payers listed on the Emdeon ERA Enrollment form below. Do not choose payers that are listed on the Emdeon ERA Enrollment form when completing the EnrollNow online form.
- Emdeon ERA Enrollment Form
- VA Premier EDI 835 (ERA) Enrollment Form

WHERE SHOULD I SEND THE FORM(S)?

- **Emdeon EnrollNow:** Once completed online, click Submit.
 - NOTE: If the payer you're enrolling for is not listed on this webpage, just enter the provider information and click
 Submit. The payer information will be entered on the Emdeon ERA Enrollment form.
- Emdeon ERA Enrollment Form: Once completed, save and email to support@officeally.com
 - Make sure that the email subject is: Emdeon ERA Enrollment
- VA Premier EDI 835 (ERA) Enrollment Form: Once completed, fax or email the form to

Email: batchenrollment@emdeon.com

Fax: (615) 231-4843

WHAT IS THE TURN AROUND TIME?

- Once Office Ally receives your Emdeon ERA Enrollment Form, we will process the request within 24-48 hours.
- 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 **835 Enrollment Request 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

EMDEON ERA ENROLLMENT FORM



email to Support@officeally.com, the Email Subject should read: Emdeon ERA Enrollment.
PAYER INFORMATION OF THE PAYER YOU ARE ENROLLING FOR ERAS FROM:
VIRGINIA PREMIER - PAYER ID 54176
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:
Provider Contact Name:
Telephone Number:
Email Address:
ELECTRONIC REMITTANCE ADVICE INFORMATION:
Preference for Aggregation of Remittance Data:
Note: Account Number Linkage to Provider Identifier. Must match prefernce for EFT payments.
SUBMISSION INFORMATION:
Reason for Submission:

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



EDI 835 (ERA) Enrollment Form (To Receive Electronic Remits)

Date

1 Submitter Information (to be filled out by the clearinghouse)		
CLEARINGHOUSE	EMDEON	
Clearinghouse Contact Name ENROLLMENT HELP DESK		
Clearinghouse Address 3055 LEBANON PIKE STE 1000		
City NASHVILLE	State TN Zip 37214	
Phone 866.924.4634	Email PAYERREGISTRATION@EMDEON.COM	
[Note: VPHP will send enrollment confirmation to the email address above.]		
2 Billing Agent/Service Information [refers to the clearinghouse]		
Billing Agent Name EMDEON		
Billing Agent Tax ID 133052274		
3 Provider Group Information (W-9 Required)		
Group/Provider Name		
Group/Provider Tax ID		
Group/Provider NPI# (if applicable)		
4 Group/Provider Remittance/Billing Address		
Address		
City	State Zip	
5 Effective Date of EDI EOB		
6 Termination Date of EDI EOB (if requesting termination)		

- If your clearinghouse instructs you to send this form directly to Virginia Pemier, either:
 - [Preferred]
 Email the completed form (as an attachment) to:
 vphp_edi@vapremier.com
 - Or -
 - o Fax the completed form to: 877-289-9340
- Otherwise, send the form to your clearinghouse as per their instructions.
- Confirmation of your EDI Enrollment at Virginia Pemier will be emailed to your clearinghouse within 10 business days.
- Questions about the status of your request should be directed to your <u>clearinghouse</u>, rather than to Virginia Pemier.

Internal Use
ID#
W-9 on file Database FAX E-Mail Date