

ERA TRANSFER LETTER INSTRUCTIONS AND TEMPLATE



If 835s/ERAs have been sent to Office Ally by the Insurance Company (Payer) and were previously being routed to another account, but now need to be routed to a different account **OR** if ERAs are not being routed to any account and need to be linked to an account, an **ERA Transfer Letter** is required.

This document explains how to submit an **ERA Transfer Letter** and also contains a template letter for your convenience. *This document is NOT an ERA enrollment for any payers, simply to transfer the ERAs currently being received from one account to another.*

INSTRUCTIONS:

To transfer/hardcode ERAs to an Office Ally account, an ERA Transfer Letter is required.

A template letter that can be filled out electronically, and then printed on your letterhead, can be found on the next page.

The letter **must** meet the following requirements in order to be processed:

- Must be printed on the letterhead of the Provider/Group/Company/Practice whom the ERAs are for
- Must contain:
 - Name of Provider/Group/Company/Practice whom the ERAs are for
 - Office Ally Username/ Clearinghouse Name that ERAs are to be transferred or linked to
 - Statement requesting ERAs be moved/linked to Username indicated
 - Tax ID the ERAs are for
 - NPI the ERAs are for
 - Email address for confirmation of approval or denial
 - Effective Date for Transfer/Link
 - Statement that Signer is an Authorized Individual who can sign on behalf of the Provider/Group
 - Signature of Authorized Individual
 - Printed Name of Authorized Individual
 - Title of Authorized Individual
 - **MUST be one of these titles:**
 - CEO
 - CFO
 - COO
 - Director
 - Manager
 - Owner
 - President/Vice President

Once the ERA Transfer Letter has been (1) completed, (2) printed on letterhead and (3) signed by the Authorized Individual; it must be submitted to Office Ally via one of the following methods:

Fax to: 360-896-2151 Scan and Email to: Support@OfficeAlly.com

Once received and reviewed you should be notified of a denial or approval+transfer/link within 2-3 business days.

Please note, it is recommended that this letter is sent separately from any ERA enrollment forms for individual payers.

For questions regarding ERA Transfers

Please contact us at Support@OfficeAlly.com or (360) 975-7000 option 1.

RE: ERA Transfer Letter *(Must be printed on Provider/Group/Company/Practice Letterhead)*

Today's Date: _____

To Whom It May Concern:

I hereby authorize Office Ally to link any and all 835s/ERAs for the **Provider/Group** listed below, having the **Tax ID** and/or **NPI** below, to the **Username/Clearinghouse** listed below:

Provider/Group Name: _____

Tax ID: _____

NPI: _____

Office Ally Username / Clearinghouse Name: _____

(MUST BE ADMIN USERNAME, NOT SA ACCOUNT)

Email Address: _____

(List email address for confirmation of approval+transfer or denial)

Please move all ERAs over to this new account as of this date: _____

NOTE: *If you want us to transfer old ERAs to the new username, please list the date to go back to above.*

By signing below, I certify that I am an authorized individual for the Provider/Group, Tax ID(s) and NPI(s) listed above and that I am authorized to sign on their behalf.

Authorized Individual's Signature

Printed Name of Authorized Individual

Title of Authorized Individual