

NEW PAYER CONNECTION REQUEST FORM



Office Ally submits electronically to a vast number of payers (our Payer Lists are available on our website under **Resource Center: Payer Lists**), but in some cases there are payers that we have not yet connected to or certain lines of business that have not yet been added. Please use this form to request a payer (or additional line of business for an existing payer) be added to our payer list. Complete the below fields and email the form back to us at Support@officeally.com. Once we receive this form, we will review the information and look into whether a connection with the requested payer is possible. Forms lacking required information will not be considered. Connection to the payer requested is not guaranteed.

Requestor's Name*:

Requestor's Phone:

Requestor's Email*:

Monthly Claim Volume:

Requested Connection*:

Professional

Institutional

Dental

ERA

Real Time Eligibility (270/271)

Real Time Claim Status (276/277)

Payer Name*:

Payer ID*:

Payer Phone*:

Payer Address:

Additional Notes:

**Fields denoted with an asterisk are required*