

The Claim attachment tool is used to attach files associated with claims. There are two types of Claim attachments, OA Claim Attachments and Non OA Claim attachments. OA Claim attachments are for attachments where the claim was created using Office Ally. A Non OA Claim Attachment is for an attachment where the claim was not created using Office Ally.

If you are new to submitting attachments through Office Ally and you do not see the Claim Attachments link in the Service Center, please contact Customer Service at (360) 975-7000 Option 1 to have that activated.

USING THE CLAIM ATTACHMENT TOOL (OA CLAIM ATTACHMENTS)

To attach a document to a submitted claim, log into the **Service Center** and click on the **Claim Attachments** link under the Requests section in the navigation menu on the left. The default landing page will be the **Attachment Request – Search Payer** screen.



To find a specific payer, Change the **Search For** option to look for the **Member Name** (Payer). When entering a name, don't be overly specific otherwise the results may not pull up. The search results will display below the search fields as shown below. Click the lcon in the **Search OA Claim** column to find the specific claim you need to attach a document for.

Attachm	ent Request - Search I	Payer			
Search For	: Member Name	✓ Starts Wit ▼	Primary	Search	Show All
MemberID	Member Name	OA-Attachment	OA- NON Attachment	Search OA Claim	Upload Non OA Attachment
100271	Primary Provider Mngmnt	Yes	Yes	6490	

Once the icon is clicked, the **Attached Request – Search Claim for Payer** will pull up and you can use this search tool to locate a specific claim submitted through Office Ally.

Attachment Reg	uest - Search	Claim for Payer: Primary Provi	ider Mngmnt
Date Of Service:	By Month	▼ 4 / 2014 [I] Last 100 Entries	
Search For:	Claim ID	✓ Starts Wit ▼	Search Show All
Display Filter: For	m Type: HCFA	Payer Name: Primary Provider Mngmnt	T

You can filter through claims submitted to this payer using:

- Date of Service: Date/Date Range/Month
- Claim ID
- File ID
- Patient Name
- Show All claims

Note: Make sure to select the correct Form Type: HCFA / UB04

Once you find the claim you want to attach a document for, click on the Attachment link for that claim:

1000		1000			-						
Upload File	Claim ID	File ID	Patient First Name	Patient Last Name	Form Name	From DOS	To Dos	Payer Name	Form Name	Status	Total Charges
Attachment	860665312	191509745			HCFA	04/29/2014	04/29/2014	Primary Provider Mngmnt	HCEA	Claim Processed	240.00

To attach a file, click the **Browse** button, select a file, and then click the **Add Attachment** button. Repeat this process until all desired attachments are added. Use the **Description** to type in any comments or details about the attachments. This description will be associated with all the attachments in this upload instance. To assign different descriptions to each attachment, upload 1 attachment at a time. When the **Upload Attachment** form is completed, click the **Upload** button to send the attachment(s).

Claim ID: 860665312 Member: Primary Provider Mngmnt Patient: Doc.Type: Not Defined • Browse. No file selected. Add Attachment Clear All (Attachments will display below) Description:	Load Re	quest Attac	hment - Cl	aim ID: 860665312			
Browse. No file selected. Add Attachment Clear All (Allachments will display below) escription:	laim ID:	860665312	Member:	Primary Provider Mngmnt	Patient:	Doc.Type: Not Defined •	
escription:	Browse_	No file sele	cted.	Add Attachment	Clear All	(Allachments will display below)	
scription:							
escription:							
iscription:							
	escription	1:					
	escription	15					

USING THE CLAIM ATTACHMENT TOOL (NON OA CLAIM ATTACHMENTS)

After following the previously listed steps to locate the payer you want to send attachments for, click the Icon in the **Upload Non OA Attachment** column.

Please Note: Not all payers will allow Non OA Attachments to be sent via Office Ally.

In the **Non OA Claim** screen, you're able to enter the claim information. This is what the payer will use to link the claim (that wasn't sent via Office Ally) and the attachment together.

All fields are <u>required</u> except the **Prov. Patient Control No**.

te: Require these ad	ditional fields to com	plete the upload:	
aim No: ed.Rec.No./DCN:		Provider Tax ID: Date of Service:	
ttach.Type:	Not Defined	 Prov.Patient Control No: 	Patient Name:
Browse No file sele	ected.	Add Attschment Cl	ear All (Attachments will display below)
			Maximum Files: No Lim
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