



ONLINE CLAIM ENTRY

Institutional (UB) Claims

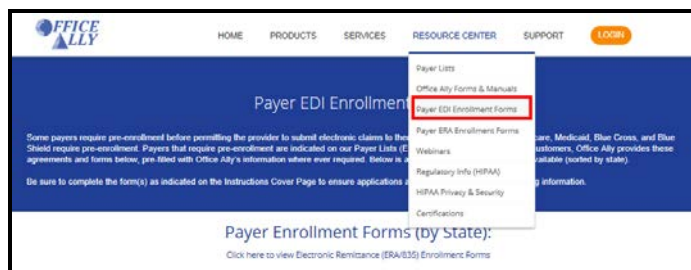
PAYER LIST LOOK UP

Office Ally has the ability to submit to thousands of insurance companies (payers). To review the list of payers we have a connection with, please visit our Payer List under Resource Center > Payer Lists, or by clicking [here](#).

The screenshot shows a search interface for 'Payer List - Professional (CMS1500) & Institutional (UB04)'. It includes a 'Download the full list' link, search filters for Payer ID, Payer Name, Line of Business, Type/Model, and Transactions, and a 'SEARCH' button. A legend below defines abbreviations: ENR (Pre Enrollment Required), TYP (Type/Model), C/P (Commercial/Par), G/NIP (Government/Non-Par), ST (State), LOB (Line Of Business), M (Medical / Professional), H (Hospital / Institutional), RTE (Real Time Eligibility (270/271)), RTS (Real Time Claim Status (276/277)), ERA (Electronic Remittance Advice (835)), and SEC (Secondary (COB)).

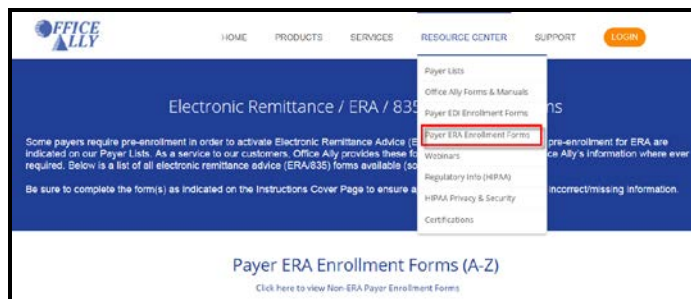
PRE-ENROLLMENT REQUIREMENTS

Certain payers require pre-enrollment to be completed before submitting claims electronically through a clearinghouse. If the necessary steps are not taken, your claims may be rejected back until pre-enrollment has been completed. You can find the necessary payer enrollment forms under Resource Center > Payer EDI Enrollment Forms, or by clicking [here](#).



Payer EDI enrollment forms will be separated based on the state they're for. If a payer is not state specific, it will be listed under the "ALL or Multiple States Payer Enrollment Forms" section.

Payers with the ability to return Electronic Remittance Advice (ERA/835) may also require enrollment be completed before ERA's will be returned. The ERA enrollment forms can be found under Resource Center > Payer ERA Enrollment Forms, or by clicking [here](#). ERA enrollment forms will be listed alphabetically.



If a payer is not able to receive electronic claims or we don't yet have them available on our payer list, Office Ally can send paper claims on your behalf. In order to activate this feature, the [Update Printing Option](#) form will need to be completed. This form is located under Resource Center > Office Ally Forms & Manuals > Account Management.

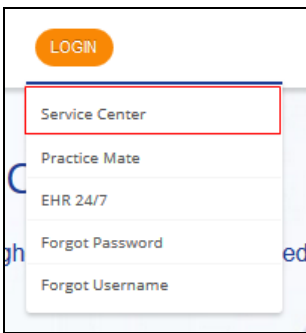
If you'd like to see a new payer connection made available on our payer list, you can send in a [New Payer Connection Request Form](#) and we will attempt to set the connection up (adding the requested connection is not guaranteed).

LOGGING INTO YOUR ACCOUNT

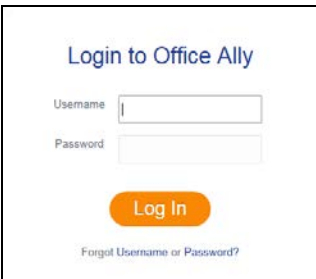
1. Go to www.officeally.com.



2. Hover your mouse over the **Login** button and select **Service Center**.

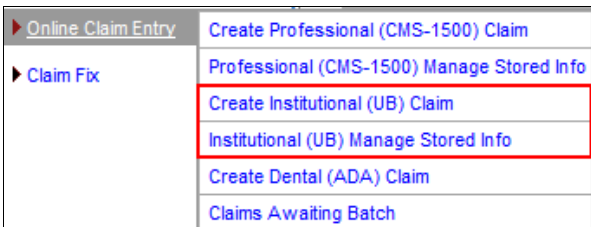


3. Enter your **Username** and **Password** (password is case sensitive) and click **Log In**.



ONLINE CLAIM ENTRY (DIRECT DATA ENTRY)

Once logged into the Office Ally website, hover your mouse over **Online Claim Entry**. There will be multiple claim form options to choose from. The **Create Institutional (UB) Claim** option will allow you to begin completing the online claim form immediately. The **Institutional (UB) Managed Stored Info** option will allow you to build and store data for future claim use so that you will not have to manually enter that specific data for each claim you create.



ONLINE CLAIM ENTRY – CREATE INSTITUTIONAL (UB) CLAIM

After selecting **Create Institutional (UB) Claim**, a blank Institutional (UB) claim form will appear. Enter the payer (insurance company), patient, provider information, etc. into the appropriate fields before clicking on **Update** to submit the claim electronically. Once the claim is submitted, the payer, patient, and provider information will automatically store within **Managed Stored Info**.

UB04 Claim Form

Load Stored Info

Payer Name:
Address:
City, State, Zip:

1. Billing Group Billing Provider (First, MI, Last) Address City, State, Zip Phone Billing Prov.PIN#	2. Pay-To Group Pay-To Provider (First, MI, Last) Address City, State, Zip Phone Pay-To Tax ID	3a. Pat. Cntrl # b. Med. Rec.# 5 Fed. Tax No.	4. Type of Bill 6. Statement Covers Period From: / / Through: / /
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8. Patient Name		9. Patient Address	
a. ID	a. Street	b. City	c. State
b. Last	First	d. Zip	e. Country Code

10. Birthdate	11. Sex	12. Date	13. HR	14. Type	15. Src	16. DHR	17. Stat	18	19	20	21	22	23	24	25	26	27	28	29. Accident State	30.
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31. Occurrence Code	32. Occurrence Code	33. Occurrence Code	34. Occurrence Code	35. Occurrence Span	36. Occurrence Span	37. Reason For Delay
Date	Date	Date	Date	From Through	From Through	

38. Subscriber Information <i>Copy From Patient</i>				39. Value Codes		40. Value Codes		41. Value Codes	
First Name:				Code	Amount	Code	Amount	Code	Amount
Middle Initial:				a					
Last Name:				b					
Street Address:				c					
City, State, Zip:				d					

42. Rev. Cd.	43. Description	SVC Qual	44. HCPCS/Rate/ HCPCS Code	45. Service Date	46 Srv. Units	47. Total Charges	48. Non-Cov	49. NDC Code/Charge/Unit/Meas
1				From To				
2								
3								
4								
5								
6								
7								

TOTALS ▶ 0.00 0.00 [+]

50. Payer		Payer ID	51. Health Plan ID	52 Rel Info	53 ASG Ben	54. Prior Payments	55. Est. Amount Due	56. NPI (Billing Prov.)
A				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
B				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Other
C				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Provider ID

58. Insured's Name (First, MI, Last)		Date of Birth	Gender	59. Patient Relation	60. Insured's Unique ID	61. Group Name	62. Insurance Group No
A		/ /	M/FAU	Self			
B		/ /	M/FAU	Self			
C		/ /	M/FAU	Self			

63. Treatment Authorization Codes		64. Document Control Number		65. Employer Name	
A					
B					
C					

66. ICD Ind.	67 Primary Diag. Code	Other Diag. Codes (A-Q)		68
0 - ICD-10	I	J	K	L

69. Admit DX	70. Patient Reason DX	71. PPS Code	72. ECI	73.
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74. Principal Procedure Code	a. Other Procedure Code	b. Other Procedure Code	75.
Date	Date	Date	
c. Other Procedure Code	d. Other Procedure Code	e. Other Procedure Code	
Date	Date	Date	

80. Remarks		81. CC	Qual.	Code	Value	76. Attending	NPI	Qual
		a				Last		First MI
		b						
		c				77. Operating	NPI	Qual
		d				Last		First MI
						78. Other	Oth	NPI
						Last		First MI
						79. Other	Oth	NPI
						Last		First MI

[Additional fields...](#)

Update
Cancel

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 Fax: 360-896-2151

MANAGED STORED INFO

- To Add, Edit, or Delete stored information, click on **Institutional (UB) Managed Stored Info**. The below screen will appear.

Institutional (UB) Manage Stored Info

Stored Information

Stored Patients	Start typing a patients name...	Edit	Delete	Add
Stored Payers (optional)	-- Select Payer --	Edit	Delete	Add
Stored Billing Providers	-- Select Billing Provider --	Edit	Delete	Add
Stored Templates	-- Select Template --	Edit	Delete	Add
Stored Physicians	more ▾ -- Select Attending Physician --	Edit	Delete	Add

To create a new claim using your stored information, please select from each of the categories then click "Create New Claim". If Payer is selected from the Payer drop down list, this Payer information will overwrite Payer information in the selected Patient.

- Enter the Patient, Payer, Subscriber, and Other Insured (COB) data under the **Stored Patients** section.

Patient Form

Patient Information

Name (F, MI, L) <input style="width: 80%;" type="text"/>	Zip <input style="width: 40%;" type="text"/>
Address <input style="width: 80%;" type="text"/>	DOB (MM/DD/YYYY) <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>
City <input style="width: 60%;" type="text"/>	Gender <input style="width: 20%;" type="text"/>
State <input style="width: 20%;" type="text"/>	

Payer Information

Payer Name <input style="width: 80%;" type="text"/>	State <input style="width: 20%;" type="text"/>
Address <input style="width: 80%;" type="text"/>	Zip <input style="width: 40%;" type="text"/>
City <input style="width: 60%;" type="text"/>	

Subscriber Information

Subscriber Name (F, MI, L) <input style="width: 60%;" type="text"/>	Patient Relation -- Select One --	
Address <input style="width: 80%;" type="text"/>	Group Name <input style="width: 60%;" type="text"/>	
City <input style="width: 60%;" type="text"/>	Group Number <input style="width: 40%;" type="text"/>	
State <input style="width: 20%;" type="text"/>	Employment Status <input style="width: 20%;" type="text"/>	
Zip <input style="width: 40%;" type="text"/>	Employer Name <input style="width: 60%;" type="text"/>	
Marital Status <input style="width: 20%;" type="text"/>	Employer Address <input style="width: 80%;" type="text"/>	
SSN / Identification <input style="width: 40%;" type="text"/>	Employer City, State, Zip <input style="width: 80%;" type="text"/>	

Other Insured (COB) Information

Payer Name <input style="width: 60%;" type="text"/>	Patient Relation -- Select One --	
COB Name (F, MI, L) <input style="width: 60%;" type="text"/>	Employment Status <input style="width: 20%;" type="text"/>	
SSN / Identification <input style="width: 40%;" type="text"/>	Employer Name <input style="width: 60%;" type="text"/>	
Group Name <input style="width: 60%;" type="text"/>	Employer Address <input style="width: 80%;" type="text"/>	
Group Number <input style="width: 40%;" type="text"/>	Employer City, State, Zip <input style="width: 80%;" type="text"/>	

Other Insured (COB) Information

Payer Name <input style="width: 60%;" type="text"/>	Patient Relation -- Select One --	
COB Name (F, MI, L) <input style="width: 60%;" type="text"/>	Employment Status <input style="width: 20%;" type="text"/>	
SSN / Identification <input style="width: 40%;" type="text"/>	Employer Name <input style="width: 60%;" type="text"/>	
Group Name <input style="width: 60%;" type="text"/>	Employer Address <input style="width: 80%;" type="text"/>	
Group Number <input style="width: 40%;" type="text"/>	Employer City, State, Zip <input style="width: 80%;" type="text"/>	

3. Enter the Payer Name, Address (or Payer ID), and City/State/Zip under the **Stored Payers** section.

Payer Form

Payer Information

Payer Name	<input type="text"/>	State	<input type="text"/>
Address	<input type="text"/>	Zip	<input type="text"/>
City	<input type="text"/>		

4. Enter the Billing Provider Name, Address, Tax ID, NPI, etc. under the **Stored Billing Provider** section.

Billing Provider Form

Billing Provider Information

Group Name	<input type="text"/>	Zip	<input type="text"/>
Provider Name (F, MI, L)	<input type="text"/> <input type="text"/> <input type="text"/>	State License ID	<input type="text"/>
Address	<input type="text"/>	Tax ID	<input type="text"/>
City	<input type="text"/>	Phone	(<input type="text"/>) <input type="text"/> - <input type="text"/>
State	<input type="text"/>	NPI	<input type="text"/>

5. Enter the Provider/Physician Name, NPI, etc. under the **Stored Physician** section.

Physician Form

Physician Information

Physician Name (F, MI, L)	<input type="text"/> <input type="text"/> <input type="text"/>
State License ID	<input type="text"/>
NPI	<input type="text"/>

Note: Once stored, you can determine if it'll go out as the Attending Provider (default), Other Attending Provider, Operating Physician, or Referring Provider.

Stored Physicians 

Below is an example of how **Managed Stored Info** is used to create a claim with the stored data you have entered.

1. From each drop down list, you will select the data that you would like to be automatically filled in on the claim form. Once the information is selected, click on the **Create New Claim** button.

Stored Information

Stored Patients	Smith, Jane [9/16/16]	Edit	Delete	Add
Stored Payers (optional)	Aetna	Edit	Delete	Add
Stored Billing Providers	John Smith, Inc.	Edit	Delete	Add
Stored Templates	Type of Bill 131	Edit	Delete	Add
Stored Physicians more ▾	Smith, John	Edit	Delete	Add

To create a new claim using your stored information, please select from each of the categories then click "Create New Claim". If Payer is selected from the Payer drop down list, this Payer information will overwrite Payer information in the selected Patient.

Create New Claim

After you have created the claim form from **Managed Stored Info**, there will still be required fields needing to be completed that cannot be populated from the stored information (i.e. Service Date).

After you enter all necessary claim data, review the claim for errors and then click the **Update** button at the bottom of the claim form. The program will alert you if you missed certain required fields. If all required fields were completed, clicking on **Update** will put your claim in the **Claims Awaiting Batch** section.

Form Validation Errors ✕

- 6. Valid Statement From Date is required.
- 6. Valid Statement To Date is required.
- 67. Primary Diagnosis code required.

Close

CLAIMS AWAITING BATCH

After you've updated your claim, the process of submitting the claim has been completed. Your recently submitted claim is sent to the **Claims Awaiting Batch** (OLE submitters). Your claim(s) will sit in there until Office Ally picks them up for processing (occurs every 3 hours). From this section of Office Ally you can edit, print, or delete the claim before the claim is sent to the insurance company.

In order to access this section, hover over **Online Claim Entry** and select **Claims Awaiting Batch**.

Online Entry - Waiting to be Batched											
Form Type	Processed	FileID	Claim ID	Patient Name	Total Charges	From DOS	Payer	Secondary	Print	Correct	Delete
UB04	4/18/2017	ONLINE	6682156	Smith, Jane	10.00	4/12/2017		N		Correct	Delete

Don't forget to review the [reports](#) Office Ally sends back to ensure your claims were accepted. If a claim [rejects](#), it is your responsibility to correct and resubmit the claim for processing.

CONTACT INFORMATION & SUPPORT OPTIONS

**Business Hours: Monday thru Friday 5:00am PST to 9:00pm PST
Saturday and Sunday 6:00am PST to 5:00pm PST**

Email: info@officeally.com or support@officeally.com

Customer Service:	(360) 975-7000	Option 1
Technical Support:	(360) 975-7000	Option 2
Enrollments:	(360) 975-7000	Option 3
Accounting:	(360) 975-7000	Option 4
Scheduling (FREE Training Appointments):	(360) 975-7000	Option 5

General Fax Number:	(360) 896-2151
Enrollments Fax Number:	(360) 314-2184
Accounting (Auto Pay) Fax Number:	(360) 953-8427

Live Chat Available (6am – 5pm PST): Click [HERE](#) or enter <https://support.officeally.com/> into your browser to access Live Chat, Claim Rejection Solutions, Troubleshooter, News and more!

Online Video Tutorials: Click [HERE](#) or enter <https://cms.officeally.com/Home/VideoLibrary.aspx> into your browser to access video tutorials covering Online Claim Entry, Inventory Reporting, Secondary Claims and more!

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