STEP 1 – SUBMIT THE CLAIM

To submit attachments for Workers Comp claims, users must first submit the Workers Comp claim through Office Ally.

The claim must contain the following information:

- Accident Date (Box 15)
- Authorization Number (Box 23)

Once the user submits the Workers Comp claim through Office Ally, they must then wait for the processing cycle to complete. Please note, claims and attachments <u>cannot</u> be submitted at the same time.

Once the claim processes, you can use the assigned Claim ID (sent back on a report) to find the claim in the Attachments tool.

STEP 2 – SUBMIT THE ATTACHMENT

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

Hover over **Attachments** and click on **Claim Search**. By clicking on **Claim Search**, you can search for claims submitted to Workers Comp payers through Office Ally.

	Professio
Claim Sea	rch 2
View Open	Requests
View Close	d Requests
	Claim Sear View Open View Close

The Claim Search screen will appear.

Search for Claims	
Select Payer: 🕐	All Payers 🔻
Date Type: 🕐	\bigcirc DOS \bigcirc Upload \bigcirc Processed \bigcirc None
Form Type: 🕐	● HCFA ◎ UB04
From Date: 🕐	(mm/dd/yyyy)
To Date: 🕐	(mm/dd/yyyy)
Type of 🥐 Attachment:	All 🔻
Status: 🧑	All 🔻
Sort By: 🕐	•
Master Vendor: 🕐	
State License ID: 🥐	
Patient Name: 🕐	L F
Patient Acct Num: 🕐	
File ID: 🕐	
Claim ID: 🕐	

The only required field within **Claim Search** is the **From Date**.

If you have the Office Ally Claim ID assigned to your Workers Comp claim, you can enter that into the **Claim ID** field.

Apart from being able to locate the claim by the Office Ally Claim ID, you also have the option to search by:

- Payer
- Provider Tax ID (Master Vendor)
- Patient Name
- Patient Account Number
- Office Ally File ID

Once you've entered your search criteria, click the **Search** button. The results will be returned below the search tool:

	Claim	ID: 🥐	arch						c
2									
(4) Clair	ms Found					-			_
Attach	Status	Att. Type	FileID/RequestID	ClaimID	PayerID	Last, First	Account #	From DOS	Total Charge
ATTACH			136105991	689042641	STJOE			01/11/2012	\$100.00
ATTACH			157430423	761712354	STJOE			01/11/2012	\$100.00

Locate the claim you wish to send an attachment for (verify claim number) and click the **ATTACH** link next to it (on the left). You will be taken to the **Upload Attachments** screen for the claim selected:

ClaimID	Туре	Payer	Processed	Patient Name	From Date	Total Charges	Status
89042641	HCFA	STJOE	04/05/2013		01/11/2012	\$100.00	Claim Processed ()
iles							Size
iles							Size
iles							Size
iles							Size
iles							Size
iles							Size

Click on the Select File button and a browse window will pop up.

Locate the document you want to attach and click **Open**.

Please Note: PDF and TIF files are the <u>only</u> formats allowed for Workers Comp attachments.

The document will show in the **Upload Attachments** box.

Upload Att	achments for this Claim	
Files (1)		Size (78KB)
C:\Users	\Desktop\Attachment.pdf	79,977 bytes
Select File	Clear Upload File	

Enter the **Description** and choose the **Type of Attachment**.

Select File Clear Upload File	
Description: The description you enter will be assigned to all the attachments in the Upload Control when you press Upload. If you wish to at different descriptions to different attachments then: clear the control, select the attachment, enter the description, and click Upload	ssign oad.
Type Of Attachment 🔻 Please indicate the type of attachment that you are requesting.	

A pop up box will appear asking you to confirm the submissions of the attachment. Click Yes.

Are you sure you want to attach t	his file(s)?	
Yes	No	

The attachment will display in the **Existing Attachments for this Claim** section. You may Delete or Download (view) the attachment, if needed.

	Jetai	Is						
ClaimID	Туре	Payer	Processed	Patient Name	From Date	Total Charges	Status	
589042641	HCFA	STJOE	04/05/2013		01/11/2012	\$100.00	Claim Pr	ocessed ()
Existin	g Atl	tachn	nents for	this Claim				
Existin lote: If <u>Del</u>	g Atl	nk, the pa	nents for ayer has downlo	aded this attachment.	Att	Type	Delete	Downloa