OFFICE ALLY

SEPARATE USERNAME REQUEST
(For Existing Users Only)

Current Office Ally Username: _____

If you do not have a current username, please complete our online enrollment form or call to speak to an enrollment specialist.

SECTION 1: ACCOUNT INFORMATION

Preferred User Name: _____ *Office Ally cannot guarantee that this username will be available.

Main Contact: (Contact information on new username will be identical to current username unless new contact information is provided here)

_____   _____   _____
Contact Name   Contact Email   Contact Phone Number

Authorized Contact: (Contact information on new username will be identical to current username unless new contact information is provided here)

*To add additional Authorized Contacts **click here** and complete the additional from. Note: The form must be returned with this Separate Username Request form in order to be processed.

_____   _____   _____
Contact Name   Contact Email   Contact Phone Number

Send Invoices to this Authorized Contact?   ☐ Yes   ☐ No   Note: At least one Authorized Contact must be set to receive invoices.

SECTION 2: PROVIDER INFORMATION

The information provided will reflect on new username unless otherwise specified. You may make copies of this sheet as needed.

Solo Provider Name or Group Name: _____

SECTION 3: PRINT OPTION ELECTION, GOV/NON-PAR CLAIMS POLICY ACKNOWLEDGMENT & FTP/SFTP SETUP

Elect Printing Option: You are **REQUIRED** to make a choice below (check only one)

_____ Do not print any claims for me. I understand that if I transmit claims that cannot be sent electronically, they may be rejected back to me.

_____ I hereby allow Office Ally to print and mail to the appropriate payers the claims that are not accepted electronically as indicated on the payer list and the provider's pre-enrollment status. I agree to pay Office Ally $0.45/claim* for claims sent to insurance companies/payers and $0.55/claim* for claims sent to individuals (such as patients or attorneys) or to foreign countries. I further understand it is my responsibility to ensure that all pre-enrollment forms are properly completed, submitted and approved, and that Office Ally is aware of the approval. Claims I submit to payers that require pre-enrollment, where the approval has not been logged in Office Ally's system, will be printed and mailed at my expense.

Non-Par Claims Policy

Initial Here: _____ I understand that for each unique Tax ID + Rendering NPI combination (if no Rendering NPI is present, then for Institutional claims Attending NPI will be used. Otherwise, Billing NPI will be used for this calculation when Rendering NPI/Attending NPI is not present) whose claim volume is 50% or more to Non-Par Payers (per our Payer List) in a month, the Non-Par processing fee of $35.00* will be charged for that unique Tax ID + Rendering NPI combination for that month.

SFTP Setup Do you need an FTP/SFTP account created?   ☐ Yes   ☐ No

If Yes, what is the name of the software uploading claims? _____

Would you like to group this to your Grouped Account?   ☐ Yes   ☐ No

If Yes, what is the Grouped Account # (It should start with an A): _____

_____   _____
Signature (Owner of Account or President/CEO/Owner of Practice/Facility)   Date

_____   _____
Name (Owner of Account or President/CEO/Owner of Practice/Facility)   Title (President/CEO/Owner of Practice/Facility)

Please submit this completed form by fax to (360) 314-2184 or by email to: **EnrollmentAdmin@OfficeAlly.com**
For questions call (360) 975-7000 opt. 3.   *Rates and Payer List are subject to change.   OA 2019-05-28