



TRANSFER OF OWNERSHIP - INSTRUCTIONS

To transfer the ownership of an Office Ally account, we require the current owner to submit a **Transfer of Ownership Letter** (page 2) authorizing the transfer as well as pay all balances due on the account. In addition, the new owner must complete a **Transfer of Ownership Enrollment Form** (page 3), **Transfer of Ownership Authorization Sheet** (page 4), and the required agreement forms for any Add-On Service(s) they want to keep active on the account (if any).

When transferring ownership, usernames cannot be changed and claims/transactions cannot be transferred between usernames. To be assigned a new username, the current account must be closed, and a new account opened by the new owner. Please allow 7-10 business days for processing.

Note: In order to transfer ownership of an account, any past due balances must be paid in full.

WHAT IS REQUIRED?

Transfer of Ownership Letter (Current Account Owner)

The Transfer of Ownership Letter must be on company letterhead (of the current account owner). A standard template for this letter is on page 2 of this document. If you choose not to use this template be sure that all the requested information is included in your letter:

- **Current Account Owner Information:**

- Office Ally Username(s) to be transferred.

- a. Note: Sub-account usernames must be included or their ownership will not be transferred to the New Account Owner. Child account usernames do not need to be listed.

- b. Security Administrator Accounts (username_sa) will automatically be transferred if any.

- Acknowledgment Statement:

- “By signing below, I am acknowledging that I am responsible for all charges incurred prior to account ownership being officially transferred and am authorizing Office Ally to relinquish my Office Ally account to the company/individual listed.”

- Signature of Current Account Owner

- Printed Name & Title of Current Account Owner

- Current Account Owner’s Company Name

- Current Account Owner’s Contact Phone Number and/or Email (optional)

- **New Account Owner Information:**

- New Account Owner Name

- New Account Owner Company Name

- New Account Contact (if different than above)

- New Account Owner Contact Email and Phone Number

Transfer of Ownership Enrollment Form and Authorization Sheet (New Account Owner)

The new owner is required to complete the **Transfer of Ownership Enrollment Form** and **Transfer of Ownership Authorization Sheet** provided on pages 3-4 of this document.

Required Add-On Service Agreements (New Account Owner)

The new owner is required to complete the agreements of any Add-On Services they wish to keep on the account (e.g. Practice Mate, EHR 24/7, Reminder Mate, Eligibility Verification, etc...). These forms are available in the Resource Center on the Office Ally website.

TRANSFER OF OWNERSHIP LETTER - TEMPLATE

(Must be on Current Account Owner's Letterhead)

Dear Office Ally,

My Office Ally username(s) is(are) _____ and the purpose of this letter is to request and authorize a transfer of ownership for this account to the New Account Owner listed below:

New Account Owner:

- Name _____
- Company Name _____
- Account Contact _____
- Contact Phone Number _____
- Contact Email _____

By signing below, I acknowledge that I am responsible for all account charges incurred prior to account ownership being officially transferred and am authorizing Office Ally to relinquish my Office Ally account to the company/individual listed in the New Account Owner section of this letter.

Sincerely,

Signature of Current Account Owner

Printed Name and Title of Current Account Owner

Phone Number of Current Account Owner (optional)

Email of Current Account Owner (optional)



TRANSFER OF OWNERSHIP - ENROLLMENT FORM

Please fill in the information below for the person or entity taking responsibility, as the account owner, to pay for any charges incurred and manage access to the account.

New Owner of Account/Practice Name:* _____

Office Ally Username(s):* _____

Note: Sub-account usernames must be included or their ownership will not be transferred to the New Account Owner. Child account usernames do not need to be listed.

CONTACT INFORMATION

Information provided in this section will be applied to the Main Admin Account and Security Admin Account (if applicable). If you are transferring Sub-Accounts and wish to change information on those, a Change of Account Information Request must be submitted separately once the Transfer of Ownership is complete.

Contact Information:* (Individual actually submitting claims)

First Name _____ Last Name _____

Phone Number _____ Facsimile _____

Email _____ Title _____

Physical Address:*

Address 1 _____ Address 2 _____

City _____ State _____ Zipcode _____

Mailing Address:* Check if same as Physical Address above

Address 1 _____ Address 2 _____

City _____ State _____ Zipcode _____

ACCOUNTS PAYABLE INFORMATION

Accounts Payable Contact Information:* Check if same as Contact Information above

Note: This is the email address that all invoices and statements will be sent to, multiple emails may be listed.

First Name _____ Last Name _____

Phone Number _____ Facsimile _____

Email _____ Title _____



Owner of Account / Practice Name*: _____

*Must match the Owner of Account / Practice Name on the Enrollment Form. The name listed here will be considered the Owner of the Office Ally Account. This field is required for the form to be processed.

TERMS & CONDITIONS:

- Office Ally has zero tolerance for insurance fraud and reserves the right to refuse service to anyone who commits or is suspected of committing insurance fraud.
 - Submitter ensures that all data submitted is valid and represents services performed accurately.
 - I authorize and consent to my information being checked against the [Office of Inspector General's \(OIG\)](#) and [System of Award Management \(SAM\)](#) lists of excluded individuals/entities databases.
 - I authorize and consent to background reports, including investigative consumer reports, to be ordered and reviewed for verification, validation or other anti-fraud purposes.
- Office Ally shall not be deemed responsible for any claims transactions that fail due to incorrect/invalid data and all such rejections shall be the sole responsibility of the submitter for correction and resubmission.
- **21 Day Rule/Pending Claims:** Office Ally will automatically reprocess all claims pended (for specific payers where Office Ally performs Patient Eligibility checking) due to 'Patient Not Found' and 'Patient Not Covered (at time of service)'. Reprocessing will take place every 7 days for up to 3 tries after the initial processing. Provider will be notified: 1) at the time of the original processing that the claim is pending, and 2) at the time that the claim is accepted, or 3) after the last attempt to reprocess if the claim is still rejected. If the patient is found to be eligible after reprocessing, the received date will be the date that Office Ally actually transmits the claim to Payer. This option is on by default, but can be turned off per user's request.
- **Pre-Enrollment Requirement:** Certain payers require pre-enrollment which must be completed and approved before claims can be sent electronically. See our [Payer List](#) for a complete listing.
- **Electronic Invoices:** In an effort to provide our customers the best pricing available, Office Ally utilizes email for all correspondence, including accounting notices and invoices. It is your responsibility to ensure Office Ally has a valid email address for you at all times.
- **Financial Responsibility:** Owner of Account above agrees to be held financially responsible for all fees and/or finance charges incurred by this account. In an effort to provide our customers the best pricing available, Office Ally utilizes email for all correspondence, including accounting notices and invoices. It is your responsibility to ensure Office Ally has a valid email address for you at all times.
- **Changes to Fees:** Notwithstanding anything to the contrary, Office Ally may change the fees and charges at any time by providing at least thirty (30) days prior written notice (the "Notice Period") of such change to Customer. Any such change shall take effect at the expiration of the Notice Period. In the event that Customer does not agree to the changes to the fees and charges, Customer may terminate this Agreement at any time by contacting the Cancellations Team.

NON-PAR CLAIMS POLICY:

To determine whether a payer is Non Par, please reference the TYP (Type) column of our [Payer List](#). G/NP indicates a Payer is Non Par, while C/P indicates a Payer is Par.

- If my Non-Par (G/NP) claim volume is greater than or equal to 50% of my total claim volume in a month, my account is subject to a processing fee of \$35.00 for that month*.
- If my Non-Par (G/NP) claim volume is less than 50% in a month, I will not be charged this fee for that month.
- All totals are calculated per account (Admin Username) and I will only be charged this fee for months in which I meet or exceed the 50% limit.

INITIAL HERE* _____ to indicate that you fully understand the Non-Par Claims policy. Required regardless if applicable.

CLAIM PRINTING POLICIES:

- All claims that Office Ally is able to submit electronically are transmitted electronically, free of any "per claim" fees.
- Any claims that Office Ally cannot send electronically can be printed and mailed automatically for a fee of \$ 0.45 cents per claim* if you select this option below.
- Claims that need to be printed and mailed to individuals (such as patients or attorneys), or to foreign countries are \$0.55 per claim*
- The submitter will be invoiced monthly via email for these paper claims.

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 will be rejected back to me.

_____ I hereby allow Office Ally to print and mail claims that cannot be transmitted 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 (patients/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.

By signing below, you are acknowledging that you have read, understand, and agree to all terms/conditions in full.

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)

Main Contact Name / Phone Number

Main Contact Email Address

Training Contact Name / Phone Number (If different than Main Contact) – The person we should contact for training appointment(s) for your office.

Training Contact Email Address

Please submit the completed Authorization Sheet 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 2018-09-26