

## MEDICARE NORTH CAROLINA - PART B (11502) EDI-ENROLLMENT INSTRUCTIONS

## WHICH FORMS SHOULD I COMPLETE?

- Palmetto GBA EDI Online Enrollment
- Select your State: NC
- Customer Type: **Existing**
- Action Type: Add provider to an existing Submitter ID
- Click **Next**
- Choose your Option: Change Clearinghouse or Billing Service
- What transaction(s) do you want the EDI Submitter to perform: If you wish to only enroll for Claims check
  Submit Claims, or if you wish to enroll for both claims and remittance also click Receive Electronic
  Remittances
- Click **Next**
- Complete the Provider Information & Contact Information sections
- Submitter Information
  - o Submitter ID: U076
  - Receiver ID: **U076**
  - o Submitter Name: Office Ally, Inc
  - Type of Submitter: Clearinghouse
  - o Submitter Address: PO Box 872020, Vancouver, WA 98687
  - Submitter Contact Information: payerenrollment@officeally.com; Phone: 360-975-7000; Fax: 360-896-2151
  - Submitter Contact: Beth Wolskij; VP of Product
- Click **Next**
- Complete the Provider Authorization Form, review and click Submit
- Document the tracking number to be used to check status

## WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 15 business days

## HOW DO I CHECK STATUS?

- Check on the enrollment status through the <u>EDI Enrollment Status Tool</u> using the tracking number from your submitted enrollment.
- Once you receive confirmation that you've been linked to Office Ally, you may begin submitting your claims electronically.