

WHICH FORMS SHOULD I COMPLETE?

- EDI Trading Partner Information

WHERE SHOULD I SEND THE FORM(S)?

- Fax the form to (425) 918-4234; OR
- E-mail the form to EDI@permera.com

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is approximately 5 business days.

HOW DO I CHECK STATUS?

- **Once you receive confirmation that you have been linked to Office Ally, you MUST email payerenrollment@officeally.com PRIOR to submitting claims electronically.**
 - o Email Subject: Premera BC/Lifewise Health Plan (00430, OR 93093, OR 91049)—EDI Approval
 - o Body of Email: Please log my EDI approval for Premera Blue Cross/ Lifewise Health Plan.
 - Provider Name:
 - Provider NPI:
 - Provider TIN:
 - Medicaid Provider ID (if applicable):

EDI Trading Partner Information Enrollment for Electronic Claims Submission

Premera Blue Cross, Lifewise of Oregon, Lifewise of Washington

Enrollment is required to establish exchanging electronic HIPAA transactions between Premera Blue Cross, Lifewise of Washington, Lifewise of Oregon and Office Ally. Please complete the following information and return by email or fax. This form must be completed in full.

Your request will be processed within 5 business days. Response will be via email unless you request response via fax or mail.

1. Trading Partner Demographics:

Provider or Group/Facility Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Phone: _____ Fax: _____

Email Address: _____

Tax ID: _____ National Provider Identifier (NPI) _____

Health Plans: Premera LWHP of OR LWHP of WA
(Check all that apply)

Clearinghouse Name: Office Ally – AC035 Professional
Claim Type (Check all that apply) Office Ally – AC038 Institutional/Facility

Questions and EDI Information: 1-800-435-2715

Return by email: EDI@premera.com Return by fax: 425-918-4234