



TAKECARE INSURANCE CO (98022) PRE-ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- EDI Trading Partner Information Enrollment for Electronic Claims Submission

WHERE SHOULD I SEND THE FORM(S)?

- Email the form to Support@officeally.com
 - Please note the form is emailed to **Office Ally** and NOT to TakeCare.

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 5 business days.

HOW DO I CHECK STATUS?

- Send an email to Support@officeally.com asking if you have been linked to Office Ally for claims submission.
- Once you receive approval you may begin submitting your claims electronically.



EDI Trading Partner Information Enrollment for Electronic Claims Submission

TakeCare Insurance Company, Inc.

Enrollment is required to establish electronic HIPAA transactions between TakeCare Insurance Company, Inc. and Trizetto Provider Services. Please complete the following information and return by email or fax. This form must be completed in full.

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

Trading Partner Demographics:

Provider or Group/Facility Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Contact Name: _____ Title: _____

Phone: _____ Fax: _____

Email Address: _____

Tax ID: _____ National Provider ID (NPI): _____

| | | |
|---------------------|------------------------------|--------------------------|
| Clearinghouse Name/ | Trizetto 98022 Professional | <input type="checkbox"/> |
| Claim Type: | Trizetto 98022 Institutional | <input type="checkbox"/> |

**Questions and EDI information requests to EDITeam@takecareasia.com
Reply by email to EDITeam@takecareasia.com or by fax to (671) 647-3553**

Thank you,

TakeCare Insurance EDI Team
PO Box 6578
Tamuning, GU 96931