

WHICH FORMS SHOULD I COMPLETE?

- [EFT/ERA Authorization Agreement](#)
 - o Vendor Information
 - Vendor Name: Office Ally
 - Vendor Contact Name: Payer Enrollment Support
 - Telephone Number: 360-975-7000
 - Email Address: payerenrollment@officeally.com
 - o Form must include a voided check/bank letter

WHERE SHOULD I SEND THE FORM(S)?

- Mail to:
Epic Management L.P.
Claims Department c/o Craig Hewitt
1615 Orange Tree Lane
Redlands, CA 92374

WHAT IS THE TURNAROUND TIME?

- Please contact EPIC to confirm receipt and receive expected processing times.

HOW DO I CHECK STATUS?

- Send an email to Claims@epiclp.com or call 909-799-1818 for status on the enrollment.