

**WHICH FORMS SHOULD I COMPLETE?**

- **[MEDICAL OFFICE PROVIDER ENROLLMENT FORM](#)**
  - o You must complete:
    - Group Information and/or Provider Information
    - Service Location Address
    - Pay To Address (if different)

**WHERE SHOULD I SEND THE FORM(S)?**

- Email to [payerenrollment@officeally.com](mailto:payerenrollment@officeally.com) with
  - o Subject: BMC Health Plan ERA Enrollment\_(insert NPI)
  - o Email Body: Please process the attached form for ERA enrollment to BMC Health Plan.

**WHAT IS THE TURNAROUND TIME?**

- Standard Processing Time is 7 business days.

**HOW DO I CHECK STATUS?**

- Office Ally will email your enrollment approval once we have confirmation from the payer.