

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 with
 - o Subject: Horizon NJ Health Plan (22326) ERA Enrollment_(insert NPI)
 - o Email Body: Please process the attached form for ERA enrollment to Horizon NJ 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.