WHICH FORMS SHOULD I COMPLETE?

- Email request sent by an authorized individual for the provider to the payer as follows:
  - o **Email Subject:** ERA Enrollment Request_ AHCCCS
  - o **Email Subject:** Please process the ERA Enrollment request with the following details:
    - ▪ Type of EDI transactions requested: 835
    - ▪ Provider Name:
    - ▪ AHCCCS 6-digit Provider ID:
    - ▪ Provider NPI:
    - ▪ Provider TAX-ID:
    - ▪ Please provide the name of the clearinghouse: **Office Ally**

WHERE SHOULD I SEND THE FORM(S)?

- Email to servicedesk@azahcccs.gov

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 7-10 business days

HOW DO I CHECK STATUS?

- Send an email to servicedesk@azahcccs.gov if you have not received approval from the payer in the allotted turnaround timeframe listed above.