

HOW LONG DOES PRE-ENROLLMENT TAKE?

- Standard Processing is 7 to 10 business days

WHERE SHOULD I SEND THE FORM?

- Email forms to: Alliance837Support@alliancebhc.org

WHO CAN SIGN THE FORMS?

- The provider (if for a solo doctor) or the president, CEO, or owner of the group (if for a group)

WHAT FORM SHOULD I DO?

- Electronic Connectivity Request (ECR)

HOW DO I CHECK STATUS?

- Approximately 7 to 10 business days after Alliance BH receives your form, they will assign a Provider ID. Call Office Ally Customer Service department at 360-975-7000 Option 1 and supply your name, OA username, Billing NPI, and new Provider ID.
- If you DO NOT receive notification from Partners BH call 919-651-8500 or email AlphaSupport@AllianceBHC.org. Ask if your Electronic Connectivity Request (ECR) has been processed and what your assigned Provider ID is.

NOTE: This payer returns ERAs automatically once electronic claim submission begins.

To complete your enrollment follow instructions on the “Note to My Clients Plus users” page and FAX info requested. We will forward to our clearinghouse and notify you by email when your registration is complete.

Note to My Clients Plus Users:

Once you have confirmed with the Insurance Payer your billing NPI/ Provider number is linked to Office Ally, please fax the following information to 888-653-7115.

- **Please label with “My Clients Plus” on top**
- **Provider/Practice Name as pre-enrolled with the Insurance Payer**
- **Fed Tax ID**
- **Billing NPI**
- **Insurance Payer (including State if BCBS, Medicare or Medicaid).**
- **The statement “I have verified my Provider ID has been linked to Office Ally with the Insurance Payer”.**
- **Provider email address where you can be notified of setup completion.**
- **For Noridian Pre-Enrollments Please Also Include: Submitter number**
- **For Tufts Health Plan Pre-Enrollments, please also include the billing address that was setup with the payer and if it is for a professional or institutional claim.**

Revised 10/1/2012

Electronic Connectivity Request
 Please complete the following form and email to
Alliance837Support@alliancebhc.org
 A Connectivity Request is required for each Provider.

PROVIDER NAME		NATIONAL PROVIDER ID	
BUSINESS NAME (if applicable)			
CONTACT NAME		TITLE	
PHYSICAL ADDRESS (PO BOX NOT ALLOWED)		CITY	STATE ZIP CODE
PHONE NUMBER	EMAIL ADDRESS (REQUIRED)		

SOFTWARE VENDOR/CLEARINGHOUSE NAME OFFICE ALLY (CLEARINGHOUSE)	CONTACT NAME CUSTOMER SERVICE	TITLE
PHONE NUMBER 360-975-7000 OPTION 1	EMAIL ADDRESS (REQUIRED) SUPPORT@OFFICEALLY.COM	

BILLING SERVICE/THIRD PARTY BILLER NAME (Not a clearinghouse)	CONTACT NAME	TITLE
MAIL ADDRESS	CITY	STATE ZIP CODE
PHONE NUMBER	EMAIL ADDRESS (REQUIRED)	

Type of Sender: Provider Clearinghouse Billing Service

Sender/Receiver Federal Tax ID: 330897513 (OFFICE ALLY)

Print Provider Name (Required)

Provider Authorized Signature (Required)

Title

Date