

# DESERET MUTUAL BENEFIT ADMINISTRATORS PRE-ENROLLMENT INSTRUCTIONS – SX105



## HOW LONG DOES PRE-ENROLLMENT TAKE?

Standard processing time is 5-10 business days.

## WHAT FORM(S) SHOULD I COMPLETE?

You may choose to enroll for Electronic Claim Submission, Electronic Remittance Advice (ERA), and Electronic Funds Transfer (EFT). See below for the forms applicable to each transaction type:

- **Electronic Claim Submission:**
  - You must complete the [Electronic Billing Enrollment Application \(click here\)](#). For additional information on this form [click here](#). When completing this form you will need to enter our **Trading Partner Number (TPN): HT 006842-001** in the Provider Information section.
- **Electronic Remittance Advice (ERA):**
  - You must complete the [Electronic Remittance Advice \(ERA\) Application \(click here\)](#). When completing this form you will need some additional information:
    - Enter the following in the **Provider Identifiers Information** section:
      - **Assigning Authority:** UHIN
      - **Trading Partner ID:** HT 006842-001 (*make sure to enter in the “Confirm” field as well*)
    - Choose **Provider Tax Identification Number (TIN)** for the **Preference for Aggregation of Remittance Data** (e.g. Account Number Linkage to Provider Identifier). (*Selection MUST match the EFT Preference*)
    - Enter the following in the **Electronic Remittance Advice Clearinghouse Information** section:
      - **Clearinghouse Name:** Office Ally
      - **Clearinghouse Contact Name:** Customer Service
      - **Telephone Number:** 360-975-7000 Option 1
      - **Email Address:** [support@officeally.com](mailto:support@officeally.com)
- **Electronic Funds Transfer (EFT):**
  - You must complete the [Electronic Funds Transfer \(EFT\) Enrollment Application \(click here\)](#). When completing this form you will need some additional information:
    - Enter the following in the **Provider Identifiers Information** section:
      - **Assigning Authority:** UHIN
      - **Trading Partner ID:** HT 006842-001 (*make sure to enter in the “Confirm” field as well*)
    - Choose **Provider Tax Identification Number (TIN)** for the **Account Number Linkage to Provider Identifier** in the **Financial Institutional Information** section. (*Selection MUST match the ERA Preference*)

## HOW DO I CHECK STATUS?

To check status contact Deseret Mutual Benefit Administrators by phone via (800) 777-3622 (press option 1, 3 and then 4) or via email at [edienrollment@dmba.com](mailto:edienrollment@dmba.com) and ask if you are linked to Office Ally Trading Partner Number HT 006842-001.

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**

**Revised 10/1/2012**