

MEDICARE FLORIDA PART B (MR025) PRE-ENROLLMENT INSTRUCTIONS



WHAT FORM(S) SHOULD I DO?

- [Electronic Data Interchange \(EDI\) Enrollment Form](#)
 - For detailed instructions provided by Medicare Florida, click [here](#).

WHERE SHOULD I SEND THE FORM(S)?

- Fax the forms to (904) 361-0470; Email MedicareEDI@fcso.com ; or
- Mail the forms to:
First Coast Medicare EDI
P.O. Box 44071
Jacksonville, FL 32231-4071

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 3-4 weeks.

HOW DO I CHECK STATUS?

- Call (888) 670-0940 and ask if you have been linked to Office Ally's submitter ID **P4888**.
- Once the enrollment has been approved, 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.

HOW DO I ENROLL TO RECEIVE ELECTRONIC REMITTANCE ADVICE (ERA)?

- Under "ELECTRONIC REMITTANCE ADVICE (ERA)" choose "The Submitter ID on this request (default)" if you want Office Ally to receive your ERA's.

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 EDISS or Noridian Pre-Enrollments Please Also Include:
Providers Submitter Number**

REVISED 9/29/16