

# MEDICARE ALABAMA – PART B (10102) PRE-ENROLLMENT INSTRUCTIONS



## WHICH FORM(S) SHOULD I DO?

- [EDI Services Part B Enrollment Application](#)
  - Select “Alabama” under State
  - If you’re interested in receiving ERA’s via Office Ally, check “Request Electronic Remits”
  - Select “Using a Billing Service/Clearinghouse”
  - Submitter ID: AL200493
  - Fill in your provider information
  - Leave the Vendor information blank (not needed)
  - Clearinghouse Name: Office Ally
  - Mailing Address: PO Box 872020, Vancouver, WA 98687
  - Phone Number: 360-975-7000
  - Contact Name: Customer Service
  - Email Address: [info@officeally.com](mailto:info@officeally.com)
  - Once the form is filled out, print (including the cover sheet) and fax

## WHERE SHOULD I SEND THE FORM(S)?

- Fax form (including cover sheet) to: (205) 402-9200

## WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- Approximately 10 business days

## HOW DO I CHECK STATUS?

- Call (866) 582-3253 or email [PartBEDIServices@cahabagba.com](mailto:PartBEDIServices@cahabagba.com) and ask if you have been linked to Office Ally’s Submitter ID **AL200493**.
- Once you receive confirmation that you’ve been linked to Office Ally, 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 EDISS or Noridian Pre-Enrollments Please Also Include:  
Providers Submitter Number**

**REVISED 9/29/16**