

PENN BEHAVIORAL HEALTH (53226) PRE-ENROLLMENT INSTRUCTIONS



WHICH FORM(S) SHOULD I DO?

- Emdeon EDI Enrollment Form
 - Note: This form is email to Office Ally, not Emdeon.
- Penn Behavioral Health Corporate Services Electronic Claims Request

WHERE SHOULD I SEND THE FORM(S)?

- Email the Emdeon EDI Enrollment Form to Support@officeally.com
 - Email Subject should indicate "Emdeon EDI Enrollment"
- Email the Penn Behavioral Health request form to pbhcs@mail.med.upenn.edu or fax it to (215) 746-2695

WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- Enrollment takes approximately 5-10 business days.

HOW DO I CHECK STATUS?

- Email pbhcs@mail.med.upenn.edu and ask if you've been set up for electronic claims submissions.
- 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

EMDEON EDI ENROLLMENT FORM



In order to send claims electronically to this payer, please fill out this form and return it via email to Support@officeally.com , the Email Subject should read: **Emdeon EDI Enrollment**.

PAYER INFORMATION OF THE PAYER YOU ARE ENROLLING FOR EDI SUBMISSION TO:

Payer ID(s): PENN BEHAVIORAL HEALTH - 53226

PROVIDER INFORMATION:

Provider Name:

Provider Address:

PROVIDER IDENTIFIERS INFORMATION:

**Provider Federal Tax Identification Number (TIN)
OR Employer Identification Number (EIN):**

National Provider Identifier (NPI):

PROVIDER CONTACT INFORMATION:

Provider Contact Name:

Telephone Number:

Email Address:

SUBMISSION INFORMATION:

Reason for Submission:

Authorized Signature:

***Note:** Electronic Signature (typed name) of Person Submitting EDI Enrollment.*

Penn Behavioral Health Corporate Services Electronic Claims Request

Date

Client/Account Information

Billing Contact Person

Business name

Street address

Street address line 2

City

State

Zip code

E-mail address

NPI Number

Billing Address

Same as above

Contact person

Business name

Street address

Street address line 2

City

State

Zip code

Please allow 5 to 10 business days for your request to be processed. A representative will be in contact.

*Penn behavioral health requires the use of modifiers and place of service codes for the submission of electronic claims. Electronic Claims submission is for PBH credentialed providers. Please email a saved copy to pbhcs@mail.med.upenn.edu or fax to 215746-2695