

HOW LONG DOES PRE-ENROLLMENT TAKE?

- Approximately 5 business days

WHERE SHOULD I SEND THE FORMS?

- Fax the form to: 425-918-4234 or;
- Email the form to: EDI@premera.com

WHO CAN SIGN THE FORMS?

- No signature is required

WHAT FORM SHOULD I DO?

- EDI Trading Partner Information

HOW DO I CHECK STATUS?

- You will receive an email from Office Ally notifying you of your approval once the form has been processed and approved. Once you receive this email you can begin submitting claims for electronic transmission.
- You can also call 800-435-2715 ext. 3 and ask if you have been approved. Once you have received this verbal approval, 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 and include your individual Submitter ID.

WHAT PROVIDER NUMBER DO I USE?

- Tax ID
- NPI

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

EDI Trading Partner Information Enrollment for Electronic Claims Submission

Premera Blue Cross, Lifewise of Oregon, Lifewise of Washington

Enrollment is required to establish exchanging electronic HIPAA transactions between Premera Blue Cross, Lifewise of Washington, Lifewise of Oregon and Office Ally. Please complete the following information and return by email or fax. This form must be completed in full.

Your request will be processed within 5 business days. Response will be via email unless you request response via fax or mail.

1. Trading Partner Demographics:

Provider or Group/Facility Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Phone: _____ Fax: _____

Email Address: _____

Tax ID: _____ National Provider Identifier (NPI) _____

Health Plans: Premera LWHP of OR LWHP of WA
(Check all that apply)

Clearinghouse Name: Office Ally – AC035 Professional
Claim Type (Check all that apply) Office Ally – AC038 Institutional/Facility

Questions and EDI Information: 1-800-435-2715

Return by email: EDI@premera.com Return by fax: 425-918-4234