



# Sandhills Center for MH, DD & SAS

## EDI Request or Termination Form

**This form must be completed by the Provider for the purposes of establishing or terminating the receipt of the 835 Electronic Remittance Advice and 837 Institutional or Professional Claims files. It is a requirement that the form be completed and signed off by the Provider.**

*Only one Tax ID number may be identified per form.*

**STEP 1: Action Requested:**

Action:       Request 835 set up       Cancel 835 set up       Change 835 set up  
                   Request 837I set up       Cancel 837I set up       Change 837I set up  
                   Request 837P set up       Cancel 837P set up       Change 837P set up

Set-up (check one)       835 Direct to Provider (continue to Step 3)  
                                   835 Direct to Clearinghouse or Billing agency (complete Steps 2 & 3)

Please Print Legibly

**STEP 2: Clearing House Information**

Effective Date:      From: \_\_\_\_\_      To: \_\_\_\_\_  
 Clearinghouse Name: Office Ally  
 Sandhills Center Submitter ID: OFFI018  
 Contact Name: Customer Service      Email: Support@officeally.com  
 Telephone Number: 360-975-7000 Option 1      Fax Number: 360-896-2151

**STEP 3: Provider Information**

Date: \_\_\_\_\_ Sandhills Center Submitter ID: \_\_\_\_\_  
 Provider Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Contact Signature (required if sending via email): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Printed Name of Provider Signature: \_\_\_\_\_  
 Tax ID: \_\_\_\_\_ Group NPI: \_\_\_\_\_ Individual NPI: \_\_\_\_\_  
 Medicaid Provider Number: \_\_\_\_\_

Acknowledgement:

If sending electronically, check this box as acknowledgement as an electronic signature.

**Return by eMail to [EDI@sandhillscenter.org](mailto:EDI@sandhillscenter.org)**

Note to My Clients Plus Users:

Once you have confirmed with the Insurance Payor 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 Payor”.**
  - **Provider email address where you can be notified of setup completion.**
  - **For EDISS or Noridian Pre-Enrollments Please Also Include:**
- Providers Submitter number**