

TRICARE OVERSEAS (FOREN) PRE-ENROLLMENT INSTRUCTIONS



WHAT FORM(S) SHOULD I DO?

- Providers can complete the EDI Self Registration on line by clicking [here](#).
 - Enter email
 - Division (Tricare)
 - Provider Tax ID
 - Provider Name
 - Office Ally submitter ID: 98366
 - Submitter Name: Office Ally, Inc
 - Select the below available transaction only
 - 5010 837 Professional Claim Inbound
- Once Self Registration has been completed, you will receive and email agreement that will need to be completed.
 - The agreement must be signed by the provider listed on the registration.
 - The signed agreement form must be named using the unique **Tracking ID** as the file name.

WHERE SHOULD I SEND THE FORM(S)?

- Upload signed agreement to the WPS Managed File Transfer (MFT) system at:
<https://edi.wpsic.com/Transfer/cfcc/login/login.jsp>
- For both the **User Name** and **Password** use the same value of **EDIEnroll#17**.

WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- Email confirmation with the turnaround time will be emailed to you from WPS after each step of the enrollment.

HOW DO I CHECK STATUS?

- 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