



**Trillium Community Health Plan**  
**PO Box 11740**  
**Eugene, OR 97440-1740**  
**(541) 485-2155**

## EDI Registration

Please complete a separate EDI Registration form for each provider organization as it appears on the W9 filed with Trillium during enrollment. Required fields are marked with '\*' and must be completed. This page includes the information about your provider organization. The second page contains the information about who submits the information on your behalf. If you choose to submit claims directly please complete a TPA form as well as this EDI Registration. Incomplete forms will be returned unprocessed. Please make a copy for your records. Email completed forms to [edisupport@trilliumchp.com](mailto:edisupport@trilliumchp.com) or fax to 541-434-1067.

### Trading Partner Information

This registration is:  New registration  Revised registration Date: \_\_\_\_\_

*Name of Clinic, Provider or Institution (Provider Organization)		* Billing NPI	
*Address Line 1:			
Address Line 2:			
*City, State ZIP			
*Phone Number		Fax Number:	

### Person(s) Authorized to Change Information

*Primary Contact:	*Title:	
*Phone Number:	Fax Number:	
*E-mail Address:		
Secondary Contact:	Title:	
Phone Number:	Fax Number:	
E-mail Address:		

### Data Contact at Organization

*Primary Contact:	*Title:	
*Phone Number:	Fax Number:	
*E-mail Address		
Secondary Contact:	Title:	
Phone Number:	Fax Number:	
E-mail Address:		

# **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 Submitter Information

\*Company Name:

Office Ally

\*Address Line 1:

PO Box 872020

Address Line 2:

\*City, State ZIP

Vancouver, WA 98687

\*Submitter Type:  Self  Billing Service / Clearinghouse  TPA  Other

## EDI Submitter's Contact Information

\*Business Contact:

Customer Service

\*Title:

Customer Service

\*Phone Number:

360-975-7000 Option 1

\*Fax Number:

360-896-2151

\*E-mail Address:

support@officeally.com

\*Technical Contact:

Customer Service

\*Title:

Customer Service

\*Phone Number:

360-975-7000 Option 1

\*Fax Number:

360-896-2151

\*E-mail Address:

support@officeally.com

## Authorized Transactions

**\*Check all transactions for which authorization should be registered.**

<input type="checkbox"/>	Submitter will be performing 3 <sup>rd</sup> Party testing / certification on our behalf	
<input type="checkbox"/>	Submitter will be performing business to business testing on our behalf	
		Version Requested
<input checked="" type="checkbox"/>	837 Professional Claims 5010A1	
<input checked="" type="checkbox"/>	837 Institutional Claims 5010A2	
<input type="checkbox"/>	<del>835 Claims Payment/Advice (ERA)</del> <b>Please complete an ERA Registration form for the 835</b>	
<input type="checkbox"/>	834 Eligibility	
<input type="checkbox"/>	270 Eligibility Benefits Inquiry	
<input type="checkbox"/>	271 Eligibility Benefits Response	
<input type="checkbox"/>	276 Claims Status Request	
<input type="checkbox"/>	277 Claims Status Response	
<input type="checkbox"/>	278 Service Review, Request and Response (Referral and PA)	

**NOTE: Trillium is currently only accepting ANSI version 5010 Format.**

Signature (Typewritten name is considered a signature)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Office use only*

Date Received:

Disposition:

Processed – Date: \_\_\_\_\_  Returned – Date: \_\_\_\_\_  Hold

EDI Company ID:

User ID Assigned:

Password Assigned:

By:

Notes / Reason for hold or return: