

### EDI Enrollment Instructions:

- The billing provider must have an EDIinsight customer account.
- See steps below to access the payer's web portal and complete the online request with the payer.
- COMPLETE the enrollment using the provider's billing/group information as credentialed with payer.
- ERA enrollment processing timeframe is approximately 30 days.
- EFT enrollment is required in order to receive ERAS.
- Support Vendors may contact the EDIinsight Enrollment Team to follow up on the ERA setup request. Or, the provider may contact Citi Payment Exchange at [services@citipaymentexchange.citi.com](mailto:services@citipaymentexchange.citi.com).

### Completing EFT/ERA Enrollment. GO TO the Citi Payment Exchange Portal at –

<https://b2bportal.citipaymentexchange.citi.com/enroll/SCAL-KFHP-ACH>

- Enter the Activation Code **MN4WX2**, check the boxes, and click **'Verify.'**
- Under the **'Clearinghouse Name'** dropdown, select **'Office Ally.'**
- Complete the remaining required fields, then click **'Continue.'**
- Complete the required fields on the next page. You will be asked to create a login. Click **'Continue.'**
- You will be sent an activation email. Follow the instructions to activate your account.
- Once logged in, click **'Go to Settings'** to upload your W9 form.
- Navigate back to the Dashboard and click **'Share Information.'**
- Enter your financial institution information. Complete all required fields.
- From the **'Payment Options'** dropdown, you will be given two options: **TIN & TIN+NPI**.
  - If you choose **TIN**, click **'Share and Approve.'**
  - If you choose **TIN+NPI**, you must enter the NPI you want to enroll, then click **'Share and Approve.'**

### Completing the Office Ally ERA Linkage Form

- Verify and/or Enter Provider Information
- Enter an Effective Date for the enrollment under the **'Receiver Information'** section.

### Submit the Office Ally ERA Linkage form Within EDIinsight- Enrollment Manager-

LOGON to EDIinsight- Enrollment Manager

ADD or SELECT payer enrollment record for the payer.

CLICK **[ATTACH File]** to attach the completed form.

CLICK **[SUBMIT Enrollment]** to submit the request to PI Enrollment.



# Office Ally

## ERA LINKAGE FORM

### PROVIDER INFORMATION

Provider Name:

Provider Tax ID:

Provider NPI:

Provider Contact Name:

Provider Contact Email:

Provider Contact Phone:

### RECEIVER INFORMATION

OA Username:

Clearinghouse Name:

Effective Date:

**Note:** Effective Date may not be more than two weeks prior to the submission date of this form.

### PAYER INFORMATION

ERA Linkage will be applied to **all payers** based on the **Provider's NPI, Tax ID** and Receiver information.

### FORM SUBMISSION INSTRUCTIONS

**For ERA Enrollment Forms NOT sent to Office Ally or for payers without ERA Enrollment:** Submit the ERA Linkage Form to [ERALinkage@OfficeAlly.com](mailto:ERALinkage@OfficeAlly.com).