
AppleCare Medical Management 835

EDI Enrollment Instructions:

- The billing provider must have an EDInsight customer account.
- SAVE this document to your computer.
- OPEN the file in the Adobe Reader program and type directly onto the form.
- COMPLETE the form using the provider's billing/group information as credentialed with payer.
- PRINT and SCAN or SAVE the signed form to your PC so that you may submit the form to the EDInsight Enrollment Team using EDInsight Enrollment Manager.
- ERA enrollment processing timeframe is approximately 20 days.
- Support Vendors may contact the EDInsight Enrollment Team to follow up on the ERA setup request.

835 Electronic Remittance Advice:

Complete and submit this form using the billing provider's group information.

1. Optum 835 Enrollment Request (California) (1 page)

Complete all applicable fields.

2. Office Ally ERA Linkage Form (1 page)

Complete the Provider Contact Information fields under the 'Provider Information' section.

Enter the Effective Date for the enrollment under the 'Receiver Information' section.

Electronic Funds Transfer (EFT) is optional with this payer. We have included the **Optum EFT Request** form for your convenience. If your practice enrolls for EFT, please process the enrollment as indicated on the form.

Submit to EDInsight Enrollment Team:

Within EDInsight - Enrollment Manager:

GO TO or **[ADD Payer Enrollment]** record for this payer.

SELECT record, CLICK **[ATTACH File]** to attach all pages of the completed payer form.

IF prompted, asking if you want to Submit the request, CLICK **[Yes]** -Or- CLICK **[SUBMIT Enrollment]**

ENTER any notes (optional)

CLICK to **"Save and Exit"** notes' window.



835 ENROLLMENT REQUEST (CALIFORNIA)

TYPE OF REQUEST:

- Select **NEW** if not currently receiving Electronic 835 Remittance File to Auto-Post Payments
 - Must complete Section 1
 - Select **DELETE** if terminating receipt of the Electronic 835 Remittance File to Auto-Post Payments
 - Must Complete Sections 1 and 3
- ** Fax completed form to Optum --**
ATTN: Technical Services – EDI
Fax# (310) 352-6219

1. Healthcare Professional/Institution Information	
Contact Name:	Contact Number:
Contact E-mail:	Prov/Inst Group NPI#
Healthcare Prof/Inst Name:	TIN:
Address:	Phone#
City:	State/Zip:

2. Receiver Information	
Receiver Name: Office Ally, Inc.	
Contact: Customer Service	
Phone# 360-975-7000 – Option 1	HCP Submitter ID:

3. Delete Enrollment
Receiver Name:
Delete Enrollment for (HCP use only):



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.



ELECTRONIC FUNDS TRANSFER REQUEST

To sign up for Electronic Funds Transfer (EFT), please complete all of the information below and submit form via e-mail to Barbara Rossato, Accounts Payable Claims Technician at brossato@healthcarepartners.com.

Today's Date:	
Provider/Institution Name:	
Provider/Institution Tax ID (TIN)#	
Provider/Institution E-mail Address:	
Bank Name:	
Bank Routing Number:	
Bank Account Number:	
Signature Authorizing Funds Transfer:	
Contact Phone# for questions:	

IMPORTANT NOTES:

- Completed form must be submitted with a copy of a voided check from the bank account into which the funds will be transferred/routed to
- For any questions/issue you may have regarding EFT, contact Barbara Rossato at (310) 354-4377