

Accountable Healthcare IPA

PROVIDER MEMO

*****VERY IMPORTANT**PLEASE READ*****

Date: November 3, 2009

To: All Accountable Healthcare IPA Contracted Providers

RE: Office Ally – Electronic Claims and Encounter Data Submissions

Accountable Health Care IPA and **Office Ally** are working together to make the process of submitting your health care claims electronically easier than ever!

In order to get started, you need to sign and complete the Accountable Health Plan release. By signing the release form, you are giving Accountable Healthcare IPA permission to accept your electronic encounter data, claims, and other essential information from Office Ally.

The form needs to be faxed back to **Jacqueline Chavez at (562) 427-2781**.

If you are currently a **CONTRACTED** Provider with Accountable Healthcare IPA: Please Sign and return the completed Accountable Health Plan Release Form

Upon receipt of clean electronic data from Office Ally, we will process the claims according to regulatory guidelines.

Please be informed that a claim received from Office Ally is not a guaranteed payment. The claims will be adjudicated based on member's eligibility, contract arrangement, authorization, coverage, and any other regulatory guidelines.

NOTE TO MY CLIENTS PLUS USERS:

Once you have confirmed with the insurance payor that your provider number is linked to Office Ally please fax the following information to My Clients Plus at 888-653-7115.

- **My Clients Plus**
- **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 Noridian Pre-Enrollments Please Also Include:

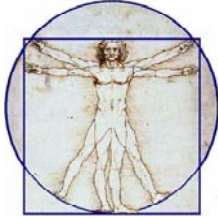
- **Submitter number**

ACCOUNTABLE HEALTH CARE IPA

2525 CHERRY AVE., SUITE 225

SIGNAL HILL, CA 90755

FAX BACK To (562) 427-2781 ATTN: Jacqueline Chavez



NOVEMBER 3, 2009

RELEASE FORM

MUST BE A CONTRACTED PROVIDER WITH ACCOUNTABLE HEALTHCARE IPA

BY SIGNING THE RELEASE FORM, YOU ARE GIVING ACCOUNTABLE HEALTH CARE IPA PERMISSION TO ACCEPT YOUR ELECTRONIC ENCOUNTER DATE, CLAIMS, AND OTHER ESSENTIAL INFORMATION FROM OFFICE ALLY.

TO MINIMIZE CLAIMS AND ENCOUNTER DENIALS OR REJECTIONS, PLES AE WORK WITH OFFICE ALLY TO FIX ANY POSSIBLE ELIGIBILITY, CODE CONFLICTS AND ERRORS. UPON RECEIPT OF CLEAN ELECTRONIC DATA FROM OFFICE ALLY, WE WILL PROCESS TH CLAIMS ACCORDING TO REGULATORY GUIDELINES.

PLEASE BE INFORMED THAT CLAIMS RECEIVED FROM OFFICE ALLY IS NOT A GUARANTEED PAYMENT. THE CLAIMS WILL BE ADJUDICATED BASED ON MEMBER'S ELIGIBILITY, CONTRACT ARRANGEMENT, AUTHORIZATION, COVERAGE, AND ANY OTHER REGULATORY GUIDELINES.

Contracted Physicians Name: _____

Physicians Tax ID#: _____ NPI #: _____ License # _____

Practice Name: _____ NPI# _____

Office Address: _____

City: _____ State: _____ Zip: _____

Main Contact Name: _____ Title: _____

Telephone: _____ Fax: _____

Physicians Email (REQUIRED): _____

Contracted Physicians Signature: _____ Date: _____

Administrators Signature: _____ Date: _____

Accountable Healthcare IPA Approved Date: _____ Signature: _____