

ACCOUNTABLE HEALTHCARE IPA RELEASE FORM INSTRUCTIONS – AHIPA



In order to minimize claims and encounter denials or rejections Accountable Healthcare IPA is requiring all Physicians to complete a release form. Once the form has been completed and sent in, Accountable Healthcare IPA will notify Office Ally when you have been approved to begin submitting claims for electronic submission.

WHERE SHOULD I SEND THE FORMS?

- Fax the form to 562-216-5437 Attn: Henry Cuevas

WHO CAN SIGN THE FORMS?

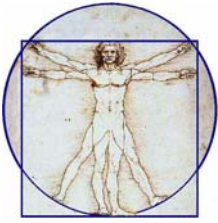
- The physician must sign the form.
- An administrator may also sign the form, but it is not required.

WHAT FORM SHOULD I DO?

- Release Form
 - The Accountable Healthcare IPA Approved Date & Signature will be filled out by Accountable Healthcare IPA. Please leave these blank.

WHAT PROVIDER NUMBER DO I USE?

- Physician Tax ID
- Physician NPI#
- Group NPI# (if applicable)



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! Think of the money you will save in paper, postage and most importantly, your time.

Office Ally offers a web-based service to providers for FREE. If you can print a claim you can use the Office Ally services. Basically you send the claims to a file instead of the printer. This service is being provided to you for FREE by Accountable Health Care IPA.

In order to get started, you need to sign and complete the Accountable Health Plan release, regardless of your participation with Office Ally. 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 **Henry Cuevas at (562) 216-5437**.

If you are currently a participating provider with Office Ally and a **CONTRACTED** Provider with Accountable Healthcare IPA:

- ✓ Please Sign and return the completed Accountable Health Plan Release Form
- ✓ Go to www.OfficeAlly.com add Accountable Healthcare IPA to your current account with Office Ally using Payer Code: AHIPA

If you are not currently a participating provider with Office Ally:

- ✓ You need to sign and return the completed Accountable Health Plan Release Form
- ✓ You need to sign up with Office Ally by visiting their website below.
 - Go to www.OfficeAlly.com
 - Click on “Register”
 - Click on “Enroll Now”
 - Accountable Health Plan Payer Code: AHIPA

To minimize claims and encounter denials or rejections, please 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 the claims according to regulatory guidelines.

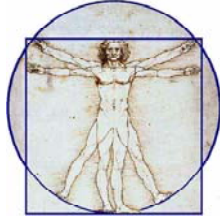
Please be informed that a claim received from Office Ally is not a guaranteed payment. The claims will be adjudicated based on member’s eligibility, contract arrangement, authorization, coverage, and any other regulatory guidelines.

ACCOUNTABLE HEALTH CARE IPA

2525 CHERRY AVE., SUITE 225

SIGNAL HILL, CA 90755

FAX BACK To (562) 216-5437 ATTN: Henry Cuevas



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: _____