

# BCBS MONTANA PRE-ENROLLMENT INSTRUCTIONS – BCSMT



## HOW LONG DOES PRE-ENROLLMENT TAKE?

- 3 to 4 business days

## WHERE SHOULD I SEND THE FORMS?

- Fax the forms to 406-449-0190

## WHO CAN SIGN THE FORMS?

- No signature is required

## WHAT FORM SHOULD I DO?

- Health-e-Web Marketing Info

## HOW DO I CHECK STATUS?

- Office Ally will receive notification that you have been approved. Once we have entered the approval in our system you will receive notification via email (if you included your email address on your application).
- You can also call 877-565-5457 to check status.
  - Provide them with your Provider Tax ID
  - State that you are sending your claims through Office Ally
  - Ask if your pre-enrollment form has been processed

## **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**

**Health-e-Web Marketing Info:**

<b>Clinic/Practice Name:</b>	
<b>Group NPI #:</b>	
<b>Federal Tax ID #:</b>	
<b>Contact Name:</b>	
<b>Address:</b>	
<b>City, State, Zip:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>ECN/Direct Send:</b>	<b>Direct Send</b>
<b>Clearinghouse Name:</b>	<b>Office Ally</b>
<b>Contact Name &amp; Phone Number:</b>	<b>Anita Pisiut 866-575-4120 ext. 224</b>
<b>ANSI Format:</b>	<b>4010A1</b>
<b>Provider Name:</b>	
<b>Federal Tax Id #:</b>	
<b>BCBSMT #:</b>	
<b>NPI:</b>	
<b>Repeat this information for each provider:</b>	
<b>Provider Name:</b>	
<b>Federal Tax Id #:</b>	
<b>BCBSMT #:</b>	
<b>NPI:</b>	
<b>Provider Name:</b>	
<b>Federal Tax Id #:</b>	
<b>BCBSMT #:</b>	
<b>NPI:</b>	

**Comments:**