BLUE CROSS BLUE SHIELD OF NORTH CAROLINA
PRE-ENROLLMENT INSTRUCTIONS – SB810

OFFICE ALLY

HOW LONG DOES PRE-ENROLLMENT TAKE?

- Standard Processing time is 7-10 business days

WHERE SHOULD I SEND THE FORMS?

- Fax the form to 919-765-7101

WHO CAN SIGN THE FORMS?

- The provider (if for a solo doctor) or the president, CEO, or owner of the group (if for a group)

WHAT FORM SHOULD I DO?

- Electronic Solutions – Electronic Connectivity Request
  - If you wish to receive Electronic Remits -835 (par providers only) then you must check under the box for FTP (Command Line).
  - Please note the Mail Box Password is not applicable for providers submitting through a Clearinghouse.

HOW DO I CHECK STATUS?

- Approximately 7 to 10 business days after Blue Cross Blue Shield receives your form they will notify Office Ally of your approval. Once Office Ally is notified we will enter your approval into our system and notify you via email. After you receive this email you may begin submitting claims for electronic transmission.
- If you DO NOT receive notification from Office Ally, you must follow up with Blue Cross Blue Shield. You can call 888-333-8594 and ask if you have been linked to Office Ally's submitter ID 330897513.
  - If you are linked to Office Ally's submitter ID you MUST notify Office Ally at 866-575-4120 opt. 1 BEFORE submitting any claims for electronic transmission.

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**

Electronic Solutions - Electronic Connectivity Request

Please complete the following form and fax the form to **Electronic Solutions, (919) 765-7101.**
A Connectivity Request form is required for each provider group.

PROVIDER NAME			NATIONAL PROVIDER ID
CONTACT NAME		TITLE	
MAIL ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS **(REQUIRED)**	

VENDOR/CLEARINGHOUSE NAME	CONTACT NAME	TITLE	
Office Ally	Customer Service		
MAIL ADDRESS	CITY	STATE	ZIP CODE
PO Box 872020	Vancouver	WA	
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS **(REQUIRED)**	
866-575-4120	360-896-2151	support@officeally.com	

BILLING SERVICE NAME	CONTACT NAME	TITLE	
MAIL ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS **(REQUIRED)**	

	Connectivity Mode					
	Batch				Real Time	Effective Date
Electronic Transactions	HTTPS	FTP (Windows GUI)	FTP (Command Line)	SOAP	SOAP	
Eligibility Inquiry – 270/271						
Claims Inquiry – 276/277						
Auth. & Referral – 278						
Electronic Remit – 835 (Par providers only)						
Institutional Claims – 837I						
Professional Claims – 837P			✔			

- Mail Box Password (8 characters): N/A
- Type of Sender: ☐ Provider ☑ Clearinghouse ☐ Billing Service
  CAQH/CORE certified: ☐ Yes ☑ No
- Sender/Receiver ID (Federal Tax ID): 330897513
- **Transaction Flow:**
  - ☐ From provider site directly to BCBSNC
  - ☐ From provider site to billing service to BCBSNC
  - ☑ From provider site to clearinghouse to BCBSNC
  - ☐ From provider site to billing service to clearinghouse to BCBSNC
  - ☐ Other – Specify: ____

Date ____ Print Name/Title **(Required)** ____ Authorized Signature **(Required)** ____

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BlueCross BlueShield of North Carolina