

WELCOME TO OFFICE ALLY!



BLUECROSS BLUESHIELD MONTANA

HOW LONG DOES PRE-ENROLLMENT TAKE?

- 3 - 4 business days

WHAT PROVIDER NUMBER DO I USE?

- Provider Tax ID

WHERE SHOULD I SEND THE FORMS?

- You should fax the forms to 406.449.0190.

WHO CAN SIGN THE FORMS?

- No signature required.

HOW DO I CHECK THE STATUS OF MY APPLICATION?

- 877.565.5457 give the Provider Tax ID
- State you are sending your claims through Office Ally
- Ask if your pre-enrollment form has been processed

Health-e-Web Marketing Info:

Clinic/Practice Name:	
Group NPI #:	
Federal Tax ID #:	
Contact Name:	
Address:	
City, State, Zip:	
Phone Number:	
Email Address:	
ECN/Direct Send:	Direct Send
Clearinghouse Name:	Office Ally
Contact Name & Phone Number:	Eve Dubry 949-464-9129 ext. 202
ANSI Format:	4010A1
Provider Name:	
Federal Tax Id #:	
BCBSMT #:	
NPI:	
Repeat this information for each provider:	
Provider Name:	
Federal Tax Id #:	
BCBSMT #:	
NPI:	
Provider Name:	
Federal Tax Id #:	
BCBSMT #:	
NPI:	

Comments: