

## HOW LONG DOES PRE-ENROLLMENT TAKE?

- 3 to 5 business days

## HOW DO I ENROLL?

- You can complete the EDI Change Form either manually, or electronically.
  - To enroll manually complete the [EDI Change Form \(click here\)](#) and submit it to ASK, Inc. by fax, email or mail at the information below:
    - Fax: (785) 290-0720
    - E-mail: [askedi@ask-edi.com](mailto:askedi@ask-edi.com)
    - Mail: ASK  
PO Box 3500  
Topeka KS, 66601-3500.
  - To enroll online go to: [http://clyde.bcbsks.com/WebCom/Public/forms/ask\\_change\\_form.htm](http://clyde.bcbsks.com/WebCom/Public/forms/ask_change_form.htm).
    - Complete Step 1: Trading Partner Information as shown below:

**Step 1: Trading Partner Information**  
Trading Partner Number :  \*  
Organization (Legal) Name:  \*  
Mailing Address:  \*  
City:  \*  
State:  \*  
Zip:  \*  
Contact Name(s):  \*  
Phone #: (  )  \*  
Fax #: (  )  \*\*  
E-mail Address:  \*\*  
Comments:

- Complete Step 2: Identify Changes as shown below:

**Step 2 : Identify Changes**

What do you need changed?  Add New Vendor

Add Additional NPI Numbers

Change to Trading Partner information

\*Note: Once you check “Add Additional NPI Numbers” more required fields will populate below. See image below for information on how to complete the remaining section.

Select "NY Customers - HealthNow NY, BCBSWNY, BSNENY"

Select "837 Prof"

Choose Payer: [dropdown] Choose Transaction: [dropdown]

NPI # [input] Enter your 10 digit Billing NPI#

Provider/Group Name: [input] Enter the Provider/Group Name

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Choose Payer: [dropdown] Choose Transaction: [dropdown]

NPI # [input]

Provider/Group Name: [input]

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Choose Payer: [dropdown] Choose Transaction: [dropdown]

NPI # [input]

Provider/Group Name: [input]

[Add More Lines](#)

Once you have chosen the payer and transaction as well as entered your 10 digit billing NPI# and Provider/Group Name, click the Submit button.

- If you want to Office Ally to receive your Electronic Remittance Advice on your behalf you must also complete the [EDI Enrollment Form – Application for Electronic Remits \(835\) Enrollment \(click here\)](#). Please note this form requires your 12 digit payee number in addition to your billing NPI#.

### WHO CAN SIGN THE FORMS?

- Only the Application for Electronic Remits (835) Enrollment form requires a signature. The Provider or Provider’s representative may sign this form.
- The EDI Change form does not require a signature.

### HOW DO I CHECK STATUS?

- You can call 1-800-472-6481 and ask if your NPI# has been linked to Office Ally’s Trading Partner #6002066.
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## **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**