

DMERC REGION D PRE-ENROLLMENT INSTRUCTIONS - 05655



WHAT STATES DOES DMERC REGION D INCLUDE?

- AK, AZ, CA, HI, ID, IA, KS, MO, MT, NE, NV, ND, OR, SD, UT, WA, WY

HOW LONG DOES PRE-ENROLLMENT TAKE?

- Approximately 2-3 weeks

WHAT FORMS DO I COMPLETE?

- If you are a new EDI submitter complete two forms:
 - [CEDI Enrollment Agreement Form](#)
 - [CEDI Supplier Authorization Form](#)
- If you are currently submitting electronically to DMERC and want to switch to Office Ally, complete one form:
 - [CEDI supplier Authorization Form](#)

WHERE ARE THE FORMS LOCATED AND HOW DO I COMPLETE THEM?

- **Form 1: CEDI Enrollment Agreement Form:** The form can be accessed by going to <http://www.ngscedi.com/forms/formsindex.htm> or by clicking on the form link in the above section.
 - Complete all boxes with your DME supplier information: Medicare Supplier Name, Contact Name, Address, City/State/Zip, Email, Phone, PTAN(s), & NPI(s)
 - From the drop down box, 'Submitter Status' select **Existing Submitter**
 - Enter submitter ID# **D08607469**
 - Submitter Name: enter **Office Ally**
 - From the drop down box, 'Submitter Type' select **Clearinghouse**
 - Read and accept the terms outlined on the form
 - Enter the Authorized Signature Name

***NOTE: Once you click submit, print the form and sign/date every page.**

- **Form 2: CEDI Supplier Authorization Form:** The form can be accessed by going to <http://www.ngscedi.com/forms/formsindex.htm> or by clicking on the form link in the above section.
 - Section 1: Select Transactions Authorized for this Submitter:
 - You **MUST** select the check box ASC X12 837 Claim V4010A1 (this allows you to submit the claims via Office Ally)
 - If you would like to receive electronic EOBs/ERAs, select the check box, ASC X12 835 Remittance V4010A1

- Section 2: Submitter and/or Receiver Information:
 - Entity Name: **Office Ally**
 - Operating as a: **Clearinghouse**
 - Submitter ID: Enter **D08607469**
 - Street: **P.O. Box 872020**
 - City/State/Zip (Required): **Vancouver, WA 98687**
 - Contact Name: **Customer Service**
 - Contact Phone Number: **866-575-4120 opt.1**
 - Contact Email Address: **info@officeally.com**
- Section 3: DME Supplier Information: Enter your DME Supplier Information – Supplier Name, Street, City/State/Zip, Contact Name, Phone Number, E-Mail, NPI(s), and PTAN(s)

***NOTE: Once you click submit, print the form and sign/date every page.**

WHERE DO I FAX THE FORMS?

- Print, sign and date forms and fax to (315) 442-4299. All pages of all forms must be signed and dated. They must be faxed within 10 business days or the request will be rejected. Please be sure to fax multiple forms for the same request together and include a cover letter. Faxes not received within 10 days of submitting the form(s) on line will be rejected and new forms will be required to be submitted.

WHEN CAN I START SUBMITTING CLAIMS?

- You will receive an email from NGS when they have completed the enrollment process. 24 hours after you receive the approval email, contact Office Ally's customer service at 866-575-4120, option 1, to confirm setup has been completed and you can start submitting claims.

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**