

LIFEWISE HEALTH PLAN OF ARIZONA PRE-ENROLLMENT INSTRUCTIONS – 91155



HOW LONG DOES PRE-ENROLLMENT TAKE?

- Approximately 5 business days

WHERE SHOULD I SEND THE FORMS?

- Fax the form to 541-318-2337, or;
- Mail the form to:
LifeWise Health Plan of Arizona
PO Box 37709
MS 640
Bend, OR 97708-7709

WHO CAN SIGN THE FORMS?

- No signature is required

WHAT FORM SHOULD I DO?

- EDI Trading Partner Information

HOW DO I CHECK STATUS?

- You will receive an email from Office Ally notifying you of your approval once the form has been processed and approved. Once you receive this email you can begin submitting claims for electronic transmission.
- You can also call 800-435-2715 ext. 3 and ask if you have been approved. Once you have received this verbal approval, 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
 - Submitter Number
 - 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



HEALTH PLAN OF ARIZONA

EDI Trading Partner Information

LifeWise Health Plan of Arizona
PO Box 7709
MS 640
Bend, OR 97708-7709

Phone: 800-435-2715 *3
Fax: 541.318.2337
email:edi@lifewisehealth.com

Enrollment is required to establish the process of exchanging electronic HIPAA transactions between LifeWise Health Plan of Arizona and Office Ally. Please complete the following information and return to the above address, email or fax number. This form must be completed in full.

1. Trading Partner Demographics:

Provider or Group/Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Phone: _____ Fax: _____ Email Address: _____

Tax ID: _____ National Provider Identifier (NPI) _____

Type of Claims Professional Institutional

Health Plan: Premera ___ LWHP of OR ___ LWHP of AZ ___

Clearinghouse Name: Office Ally