

Provider Demographic Information:

Name: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Physical Address: _____ City: _____ State: _____ Zip Code: _____

Contact: _____ Telephone: _____ Fax: _____

Email: _____

Clearinghouse Information

Name: Office Ally

Mailing Address: PO Box 8772020 City: Vancouver State: WA Zip Code: 98687

Physical Address: 16703 SE McGillvray Blvd Ste 200 City: Vancouver State: WA Zip Code: 98683

Contact: Customer Support Telephone: 866-575-4120 Fax: 360-896-2151

Email: support@officeally.com

Do you want to receive your remittance advice electronically (835)? Yes No
(835 is an electronic copy of the payment data provided on the paper remittance)

I authorize the setup and/or change noted above for the EDI 837P transaction.

Print Name

Signature

Date

Title

To be completed by UHA
Transmitter ID: _____
Submitter ID: _____