

835 Enrollment Request

Type of Request:

- New** (Check if not currently receiving an Electronic Remit. Complete section 1 and 2)
- Change** (Check if the delivery path of the 835 is being changed from a different receiver
Complete sections 1, 2, and 3)
- Delete** (Check if terminating receipt of the 835. Complete sections 1 and 4.)

1.	Healthcare Professional / Institution Information				
Contact Name		Contact Number			
Contact Email					
Healthcare Prof/Inst Name		Taxid			
Address		Phone			
City		State	CA	Zip	
Type of Request <input type="checkbox"/> Medica <input type="checkbox"/> UBH <input checked="" type="checkbox"/> UnitedHealthcare Commercial					

2.	Receiver Information				
Receiver Name		Office Ally, LLC			
Contact		Eve Du Bry or Gloria Chung			
Telephone		949-464-9129	UHC Submitter ID	B00099994000	

3.	Change Enrollment (Current/Old receiver)				
Receiver Name					
Change Enrollment for: <input type="checkbox"/> Cosmos <input type="checkbox"/> Unet <input type="checkbox"/> Both					
Target date for completion (Date will be 30 days from enrollment date at UHC) :					

4.	Delete Enrollment				
Receiver Name					
Delete Enrollment for (UHC use only): <input type="checkbox"/> Cosmos <input type="checkbox"/> Unet <input type="checkbox"/> Both					