ERA TRANSFER LETTER INSTRUCTIONS AND TEMPLATE



Phone: 360-975-7000 Fax: 360-896-2151

If 835s/ERAs have been sent to Office Ally by the Insurance Company (Payer) and were previously being routed to another account, but now need to be routed to a different account **OR** if ERAs are not being routed to any account and need to be linked to an account, an **ERA Transfer Letter** is required.

This document explains how to submit an **ERA Transfer Letter** and also contains a template letter for your convenience. *This document is NOT an ERA enrollment for any payers, simply to transfer the ERAs currently being received from one account to another.*

INSTRUCTIONS:

To transfer/hardcode ERAs to an Office Ally account, an ERA Transfer Letter is required.

A template letter that can be filled out electronically, and then printed on your letterhead, can be found on the next page.

The letter must meet the following requirements in order to be processed:

- Must be printed on the letterhead of the Provider/Group/Company/Practice whom the ERAs are for
- Must contain:
 - Name of Provider/Group/Company/Practice whom the ERAs are for
 - Office Ally Username/ Clearinghouse Name that ERAs are to be transferred or linked to
 - Statement requesting ERAs be moved/linked to Username indicated
 - Tax ID the ERAs are for
 - o NPI the ERAs are for
 - o Email address for confirmation of approval or denial
 - Effective Date for Transfer/Link
 - o Statement that Signer is an Authorized Individual who can sign on behalf of the Provider/Group
 - o Signature of Authorized Individual
 - o Printed Name of Authorized Individual
 - o Title of Authorized Individual
 - * The individual signing must have a title of one of the following: Owner, Co-Owner, CEO, CIO, CFO, COO, Vice President or President.
 - * If this is a non-profit organization, the title must be one of the following: Director, Executive Director, Interim Director, Provost or Administrator.

Once the ERA Transfer Letter has been (1) completed, (2) printed on letterhead and (3) signed by the Authorized Individual; it must be submitted to Office Ally via one of the following methods:

Fax to: 360-896-2151 Scan and Email to: Support@OfficeAlly.com

Once received and reviewed you should be notified of a denial or approval+transfer/link within 2-3 business days. *Please note, it is recommended that this letter is sent separately from any ERA enrollment forms for individual payers.*

For questions regarding ERA Transfers
Please contact us at Support@OfficeAlly.com or (360) 975-7000 option 1.

RE: ERA Transfer Letter (Must be printed on Provider/Group/Company/Practice Letterhead)
To Whom It May Concern:
I hereby authorize Office Ally to link any and all 835s/ERAs for the Provider/Group listed below, having the Tax ID and/or NPI below, to the Username/Clearinghouse listed below:
Provider/Group Name:
Tax ID:
NPI: ERAs to be linked to:
(MUST BE ADMIN/PARENT USERNAME, NOT_SA ACCOUNT)
Email Address:(List email address for confirmation of approval+transfer or denial)
Please move all ERAs over to this new account as of this date: NOTE: If you want us to transfer old ERAs to the new username, please list the date to go back to above.
By signing below, I certify that I am an authorized individual for the Provider/Group, Tax ID(s) and NPI(s listed above and that I am authorized to sign on their behalf.
Authorized Individual's Signature
Printed Name of Authorized Individual
Title of Authorized Individual (circle one): Owner, Co-Owner, CEO, CIO, CFO, COO, President, Vice President, Director, Executive Director, Interim Director, Provost or Administrator.

Please note: the main reasons for denial is lack of letterhead, a missing or lack of *HAND WRITTEN* signature and an invalid title of authorized individual. Please be aware of this to prevent denial of transfer letter.