# MEDICARE GEORGIA PART B PRE-ENROLLMENT INSTRUCTIONS – 00511



Cahaba GBA has changed their enrollment process. They now require all enrollments to be completed online. Each form is accompanied by a fax cover sheet with a unique barcode which MUST accompany the form when submitted via fax to Cahaba GBA.

## **HOW LONG DOES PRE-ENROLLMENT TAKE?**

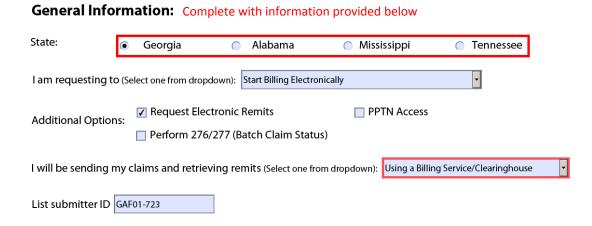
• It takes approximately 10 business days to complete the enrollment process. Cahaba GBA will notify the provider. Office Ally does not receive notification of new enrollments. It is up to the provider to contact Office Ally once they are approved.

#### WHERE SHOULD I SEND THE FORM?

Fax the form to Cahaba EDI at (205) 402-9200

## HOW DO I ENROLL / WHAT FORM DO I COMPLETE?

- Open your internet browser and go to: http://www.cahabagba.com/part b/forms/PartBEDIApplication.pdf
- 2. Complete the Electronic Data Interchange (EDI) Application as instructed below:



## Group, Provider, or Facility Name: Mailing/Pay-To Address: Zip Code: City: State: E-Mail Address: Contact Name: Phone Number: Fax Number: PTAN, NPI, & Tax ID (EIN) Numbers: (The Group PTAN and NPI are required if applicable. For a solo practice, please list the individual PTAN and NPI) Complete with Provider/Facility information EIN: Group PTAN: Group NPI: Method of Interchange: FREE PC-ACE Pro 32 Software SKIP Using an existing submitter ID ☐ Reactivating your submitter ID **SKIP** Sending direct to Medicare using software from a vendor or using All-Payer Version of PC-ACE Pro 32 Using an existing submitter ID ☐ Reactivating your submitter ID Vendor Name: Phone Number: Mailing Address: City: State: Zip Code:

E-Mail Address:

Complete with Provider/Facility information

**Provider Information:** 

Contact Name:

Phone: 866-575-4120 Fax: 360-896-2151

## Billing Service/Clearinghouse Name: Office Ally Mailing Address: PO Box 872020 Phone Number: 866-575-4120 State: WA Zip Code: 98687 City: Vancouver Contact Name: Customer Service E-Mail Address: info@officeally.com Professional Provider Telecommunications Network (PPTN): (Please indicate **SKIP** connectivity vendor below) O IVANs O Vision Share Other: System Access Requests, please list complete names of all users you are requesting SKIP access for (Requests to add users to multiple PTAN's will have to come on separate applications): First Name Middle Name Last Name **EDC ID** PPTN ID PIN Request Read Page 6 - Cahaba GBA Agreement Signature: (By signing this document you are stating that you are authorized to sign on behalf of the indicated party and have read and agree to the foregoing provisions and acknowledge same) Complete this section with provider/facility information Provider's Name Title Mailing Address: City: State: Zip Code: Group PTAN: Group NPI: Submitter ID (if applicable) Printed Name Signature:

Sending through a Billing Service/Clearing House (3rd Party) Complete with information provided below

Office Ally | P.O. Box 872020 | Vancouver, WA 98687 www.officeally.com

Print Form

Phone: 866-575-4120 Fax: 360-896-2151 3. Print the entire form, including the cover sheet (page 1). Sign where requested & fax the form the Cahaba GBA EDI Department at (205) 402-9200. You MUST include the cover sheet provided by Cahaba GBA with this submission or your application will be denied.

## **HOW DO I CHECK STATUS?**

• Call 866-582-3253 and ask if your provider number has been linked to Office Ally. If it has been linked you MUST notify Office Ally prior to submitting claims for electronic transmission.

## WHAT PROVIDER NUMBER DO I USE?

- Medicare PTAN Group Number
- User one (1) provider number per form
- If you are a group, list only your group name and group number. Do one form for each group number you have.