



ONLINE CLAIM ENTRY

Institutional (UB) Claims

PAYER LIST LOOK UP

Office Ally has the ability to submit to thousands of insurance companies (payers). To review the list of payers we have a connection with, please visit our Payer List under Resources > Payer List, or by clicking [here](#).

Certain payers require pre-enrollment to be completed before submitting claims electronically through a clearinghouse. If the necessary steps are not taken, your claims may be rejected back until pre-enrollment has been completed. You can find the necessary payer enrollment forms under Resources > Payer EDI Enrollment Forms, or by clicking [here](#).

Payer EDI enrollment forms will be separated based on the state they're for. If a payer is not state specific, it will be listed under the "ALL or Multiple States Payer Enrollment Forms" section.

PRE-ENROLLMENT REQUIREMENTS

Payers with the ability to return Electronic Remittance Advice (ERA/835) may also require enrollment be completed before ERA's will be returned. The ERA enrollment forms can be found under Resources > Payer ERA Enrollment Forms, or by clicking [here](#). ERA enrollment forms will be listed alphabetically.

If a payer is not able to receive electronic claims or we don't yet have them available on our payer list, Office Ally can send paper claims on your behalf. In order to activate this feature, the [Update Printing Option](#) form needs to be completed. This form is located under Resource Center > Office Ally Forms & Manuals > Account Management.

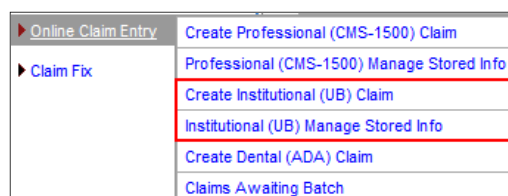
If you'd like to see a new payer connection made available on our payer list, you can send in a [New Payer Connection Request Form](#) and we will attempt to set the connection up (adding the requested connection is not guaranteed).

LOGGING INTO YOUR ACCOUNT

1. Go to www.officeally.com.
2. Hover your mouse over the **Login** button and select **Service Center**.
3. Enter your **Username** and **Password** (password is case sensitive) and click **Log In**.

ONLINE CLAIM ENTRY (DIRECT DATA ENTRY)

Once logged into the Office Ally website, hover your mouse over **Online Claim Entry**. There are multiple claim form options to choose from. The **Create Institutional (UB) Claim** option allows you to begin completing the online claim form immediately. The **Institutional (UB) Managed Stored Info** option allows you to build and store data for future claim use so you do not have to manually enter that specific data for each claim you create.



After selecting **Create Institutional (UB) Claim**, a blank Institutional (UB) claim form appears. Enter the payer (insurance company), patient, provider information, etc. into the appropriate fields before clicking on **Update** to submit the claim electronically. Once the claim is submitted, the payer, patient, and provider information automatically store within **Managed Stored Info**.

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MANAGED STORED INFO

- To Add, Edit, or Delete stored information, click on **Institutional (UB) Managed Stored Info**. The below screen will appear.

Institutional (UB) Manage Stored Info

Stored Information

Stored Patients	Start typing a patients name...	Edit	Delete	Add
Stored Payers (optional)	-- Select Payer --	Edit	Delete	Add
Stored Billing Providers	-- Select Billing Provider --	Edit	Delete	Add
Stored Templates	-- Select Template --	Edit	Delete	Add
Stored Physicians	more <input checked="" type="checkbox"/> -- Select Attending Physician --	Edit	Delete	Add

To create a new claim using your stored information, please select from each of the categories then click "Create New Claim". If Payer is selected from the Payer drop down list, this Payer information will overwrite Payer information in the selected Patient.

Create New Claim

- Enter the Patient, Payer, Subscriber, and Other Insured (COB) data under the **Stored Patients** section.

Patient Form

Patient Information

Name (F, MI, L)		Zip	
Address		DOB (MM/DD/YYYY)	
City		Gender	
State			

Payer Information

Payer Name		State	
Address		Zip	
City			

Subscriber Information

Subscriber Name (F, MI, L)		Patient Relation	-- Select One --
Address		Group Name	
City		Group Number	
State		Employment Status	
Zip		Employer Name	
Marital Status		Employer Address	
SSN / Identification		Employer City, State, Zip	

Other Insured (COB) Information

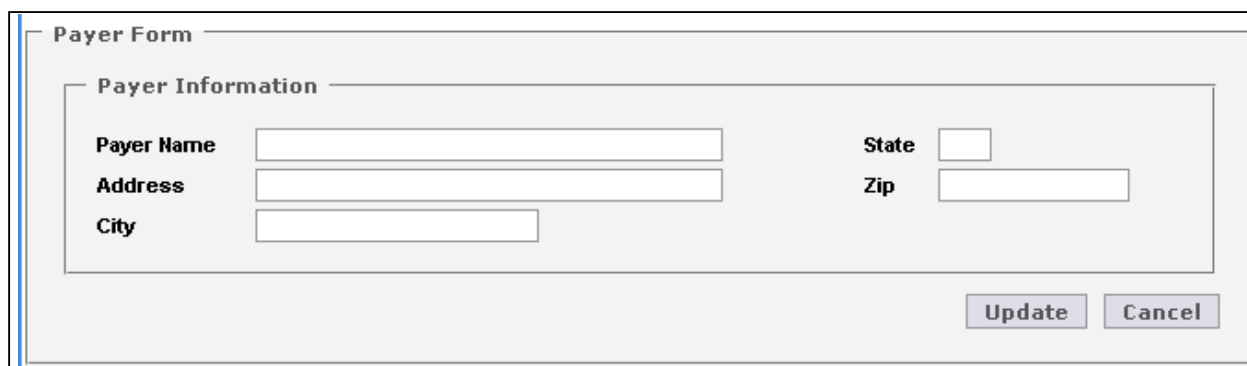
Payer Name		Patient Relation	-- Select One --
COB Name (F, MI, L)		Employment Status	
SSN / Identification		Employer Name	
Group Name		Employer Address	
Group Number		Employer City, State, Zip	

Other Insured (COB) Information

Payer Name		Patient Relation	-- Select One --
COB Name (F, MI, L)		Employment Status	
SSN / Identification		Employer Name	
Group Name		Employer Address	
Group Number		Employer City, State, Zip	

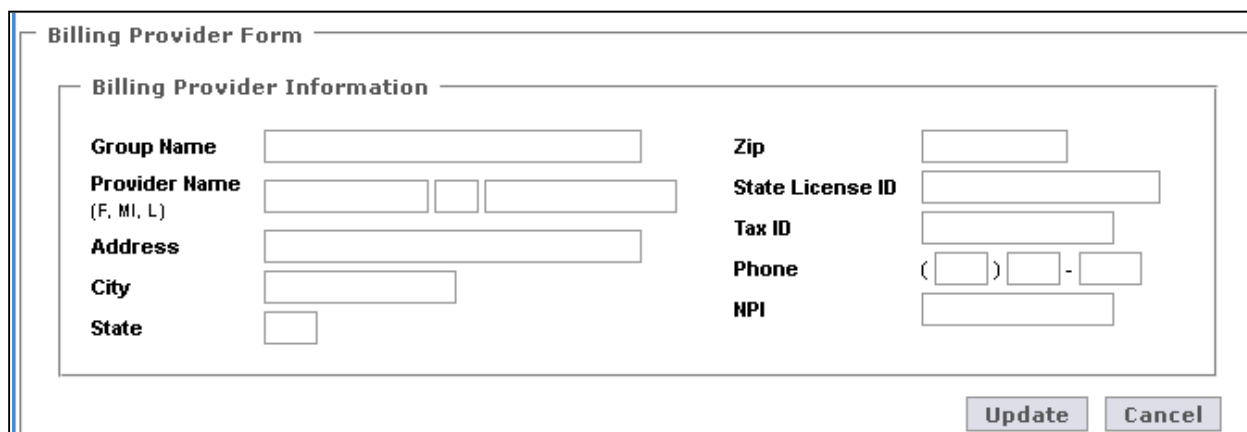
Update Cancel

3. Enter the Payer Name, Address (or Payer ID), and City/State/Zip under the **Stored Payers** section.



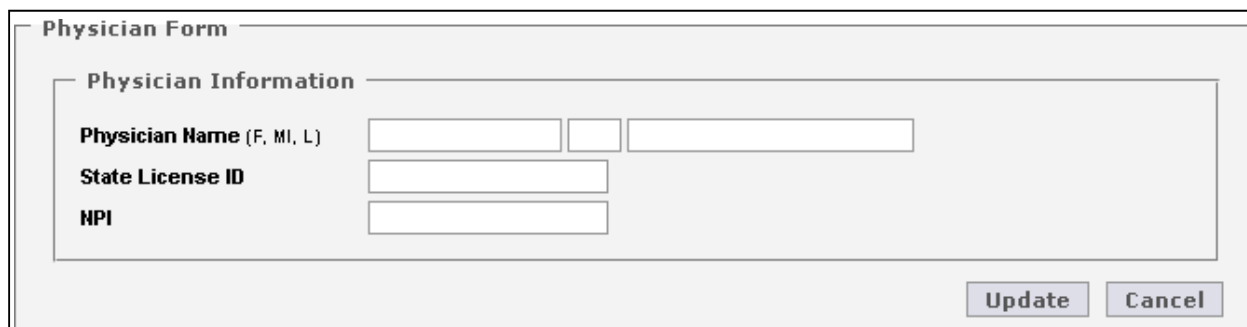
The screenshot shows a 'Payer Form' window. Inside, there is a section titled 'Payer Information' which contains several input fields: 'Payer Name', 'Address', 'City', 'State', and 'Zip'. The 'State' field is a dropdown menu. At the bottom right of the form, there are two buttons: 'Update' and 'Cancel'.

4. Enter the Billing Provider Name, Address, Tax ID, NPI, etc. under the **Stored Billing Provider** section.



The screenshot shows a 'Billing Provider Form' window. Inside, there is a section titled 'Billing Provider Information' which contains several input fields: 'Group Name', 'Provider Name (F, MI, L)', 'Address', 'City', 'State', 'Zip', 'State License ID', 'Tax ID', 'Phone', and 'NPI'. The 'Phone' field is formatted with parentheses and a hyphen. At the bottom right of the form, there are two buttons: 'Update' and 'Cancel'.

5. Enter the Provider/Physician Name, NPI, etc. under the **Stored Physician** section.



The screenshot shows a 'Physician Form' window. Inside, there is a section titled 'Physician Information' which contains several input fields: 'Physician Name (F, MI, L)', 'State License ID', and 'NPI'. At the bottom right of the form, there are two buttons: 'Update' and 'Cancel'.

Note: Once stored, you can determine if it'll go out as the Attending Provider (default), Other Attending Provider, Operating Physician, or Referring Provider.



The screenshot shows a button labeled 'Stored Physicians'. To the right of the text is a small icon of a right-pointing triangle. The entire button area is highlighted with a red rectangular border.

Stored Templates is an optional tool that can help you maximize efficiency when billing. It can be used for storing recurring Type of Bills, Revenue, HCPCS/HIPPS, Diagnosis codes, etc. for a specific patient or for storing commonly used codes for certain types of visits that apply to various patients. Enter a name for the template and any information you would like to appear on the claim form whenever this template is selected. Only the fields with a red outline can be stored.

Template Form																																																											
Billing Group: <input type="text"/> Billing Provider: <input type="text"/> (F, M, L) Street Address: <input type="text"/> City, State, Zip: <input type="text"/> <input type="text"/> <input type="text"/> Phone: (<input type="text"/>) <input type="text"/> - <input type="text"/>																																																											
3. Patient Control No <input type="text"/>										4. Type Of Bill <input type="text"/>																																																	
5. Fed. Tax No. <input type="text"/>					6. Statement Covers Period From <input type="text"/> Through <input type="text"/>					7. COV D. 8. N-C D. 9. C-I D. 9. L-R D.																																																	
12. Patient Name First <input type="text"/> MI <input type="text"/> Last <input type="text"/>																																																											
13. Patient Address Street: <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>																																																											
14. Birthdate <input type="text"/> / <input type="text"/> / <input type="text"/>		15. Sex <input type="text"/>		16. MS <input type="text"/>		17. Date <input type="text"/> / <input type="text"/> / <input type="text"/>		Admission 18. HR 19. Type 20. Src		21. D HR <input type="text"/>		22. Stat <input type="text"/>		23. Medical Record No. <input type="text"/>		Condition Codes 24. 25. 26. 27. 28. 29. 30.																																											
32. Occurance Code <input type="text"/> Date <input type="text"/> / <input type="text"/> / <input type="text"/>		33. Occurance Code <input type="text"/> Date <input type="text"/> / <input type="text"/> / <input type="text"/>		34. Occurance Code <input type="text"/> Date <input type="text"/> / <input type="text"/> / <input type="text"/>		35. Occurance Code <input type="text"/> Date <input type="text"/> / <input type="text"/> / <input type="text"/>		36. Occurance Span Code <input type="text"/> From <input type="text"/> / <input type="text"/> / <input type="text"/> Through <input type="text"/> / <input type="text"/> / <input type="text"/>																																																			
38. First: <input type="text"/> MI: <input type="text"/> Last: <input type="text"/> Street Address: <input type="text"/> City, State, Zip: <input type="text"/> <input type="text"/> <input type="text"/>								39. Value Codes Code <input type="text"/> Amount <input type="text"/>		40. Value Codes Code <input type="text"/> Amount <input type="text"/>		41. Value Codes Code <input type="text"/> Amount <input type="text"/>																																															
42. Rev. Cd. <input type="text"/>																																																											
43. Description <input type="text"/>																																																											
44. HCPCS/Rates <input type="text"/>																																																											
45. Serv. Date <input type="text"/> / <input type="text"/> / <input type="text"/>																																																											
46. Serv. Units <input type="text"/>																																																											
47. Total Charges <input type="text"/>																																																											
48. Non-Covered Charges <input type="text"/>																																																											
49. NDC Code / Charge / Units / Meas. <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>																																																											
TOTAL CHARGES ▶ <input type="text"/>																																																											
50. Payer <input type="text"/>					51. Provider No <input type="text"/>					52. Rel Info <input type="text"/>					53. ASG Ben <input type="text"/>					54. Prior Payments <input type="text"/>					55. Est. Amount Due <input type="text"/>																																		
DUE FROM PATIENT ▶ <input type="text"/>																																																											
58. Insured's Name (First, MI, Last) <input type="text"/>					Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>					Gender <input type="text"/>					59. P. Rel <input type="text"/>					60. Cert. SSN-HIC-ID No <input type="text"/>					61. Group Name <input type="text"/>					62. Insurance Group No <input type="text"/>																													
63. Treatment Auth. Codes <input type="text"/>															64. ESC <input type="text"/>					65. Employer Name <input type="text"/>					66. Employer Location (Street, [City State, Zip]) <input type="text"/>																																		
67. PRIN. Diag. CD. <input type="text"/>															68. Code <input type="text"/>					69. Code <input type="text"/>					70. Code <input type="text"/>					Other Diag. Codes 71. Code <input type="text"/> 72. Code <input type="text"/>					73. Code <input type="text"/>					74. Code <input type="text"/>					75. Code <input type="text"/>					76. ADM. DIAG. CD. <input type="text"/>					77. E-Code <input type="text"/>				
79. P.C. Code <input type="text"/>					Date <input type="text"/> / <input type="text"/> / <input type="text"/>					80. Principal Procedure Code <input type="text"/>					Date <input type="text"/> / <input type="text"/> / <input type="text"/>					81. Other Procedure Code <input type="text"/>					Date <input type="text"/> / <input type="text"/> / <input type="text"/>					Other Procedure Code <input type="text"/>					Date <input type="text"/> / <input type="text"/> / <input type="text"/>					82. Attending Phys. Id. <input type="text"/>																			
83. Other Phys. Id. <input type="text"/>															84. Operating Phys. Id. <input type="text"/>															85. Provider Representative <input type="text"/>																													
86. Date <input type="text"/> / <input type="text"/> / <input type="text"/>															Signature On File: <input type="text"/>																																												
84. Remarks A: <input type="text"/> B: <input type="text"/> C: <input type="text"/> D: <input type="text"/>															86. Date <input type="text"/> / <input type="text"/> / <input type="text"/>																																												

Below is an example of how **Managed Stored Info** is used to create a claim with the stored data you have entered.

1. From each drop-down list, you will select the data that you would like to be automatically filled in on the claim form. Once the information is selected, click on the **Create New Claim** button.

Stored Information

Stored Patients: Smith, Jane [9/16/16] Edit Delete Add

Stored Payers (optional): Aetna Edit Delete Add

Stored Billing Providers: John Smith, Inc. Edit Delete Add

Stored Templates: Type of Bill 131 Edit Delete Add

Stored Physicians: more ☒ Smith, John Edit Delete Add

To create a new claim using your stored information, please select from each of the categories then click "Create New Claim". If Payer is selected from the Payer drop down list, this Payer information will overwrite Payer information in the selected Patient.

Create New Claim

After you have created the claim form from **Managed Stored Info**, there will still be required fields needing to be completed that cannot be populated from the stored information (i.e. Service Date).

After you enter all necessary claim data, review the claim for errors and then click the **Update** button at the bottom of the claim form. The program will alert you if you missed certain required fields. If all required fields were completed, clicking on **Update** will put your claim in the **Claims Awaiting Batch** section.

Form Validation Errors X

6. Valid Statement From Date is required.
6. Valid Statement To Date is required.
67. Primary Diagnosis code required.

Close

CLAIMS AWAITING BATCH

After you've updated your claim, the process of submitting the claim has been completed. Your recently submitted claim is sent to the **Claims Awaiting Batch** (OLE submitters). Your claim(s) will sit in there until Office Ally picks them up for processing (occurs every 3 hours). From this section of Office Ally, you can edit, print, or delete the claim before the claim is sent to the insurance company.

In order to access this section, hover over **Online Claim Entry** and select **Claims Awaiting Batch**.

Online Entry - Waiting to be Batched											
Form Type	Processed	FileID	Claim ID	Patient Name	Total Charges	From DOS	Payer	Secondary	Print	Correct	Delete
UB04	4/18/2017	ONLINE	6682156	Smith, Jane	10.00	4/12/2017		N		Correct	Delete

Don't forget to review the [reports](#) Office Ally sends back to ensure your claims were accepted. If a claim [rejects](#), it is your responsibility to correct and resubmit the claim for processing.

CONTACT INFO & SUPPORT OPTIONS

Business Hours: Monday thru Friday 5:00am PST to 9:00pm
PST Saturday and Sunday 6:00am PST to 5:00pm PST

Email: info@officeally.com or support@officeally.com

Customer Service:	(360) 975-7000	Option 1
Technical Support:	(360) 975-7000	Option 2
Enrollments:	(360) 975-7000	Option 3
Accounting:	(360) 975-7000	Option 4
Scheduling (FREE Training Appointments):	(360) 975-7000	Option 5

General Fax Number:	(360) 896-2151
Enrollments Fax Number:	(360) 314-2184
Accounting (Auto Pay) Fax Number:	(360) 953-8427

Live Chat Available (6am – 5pm PST): Click [HERE](#) or enter <https://support.officeally.com/> into your browser to access Live Chat, Claim Rejection Solutions, Troubleshooter, News and more!

Online Video Tutorials: Click [HERE](#) or enter <https://cms.officeally.com/training> into your browser to access video tutorials covering Online Claim Entry, Inventory Reporting, Secondary Claims and more!

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