

## Separate Username Request (For Existing Customers)

Current Office Ally Username:			
SECTION 1: ACCOUNT INFORMATION  Preferred Username: *Office Ally cannot guarantee this username is available.			
Main Contact: (Contact information on new u	ısername is identical to cu	urrent username, unless new contact information is provided here)	
Contact Name	Contact Email	Contact Phone Number	
		ntical to current username unless new contact information is provided he om. Note: The form must be returned with this Separate Username Reque	
Contact Name	Contact Email	Contact Phone Number	
Send Invoices to this Authorized Contact	? Yes No	Note: At least one Authorized Contact must be set to receive invoi	
SECTION 2: PROVIDER INFORMATIO The information provided will reflect on new		erwise specified. You may make copies of this sheet as need	
Solo Provider Name or Group Name:			
indicated on the payer list and the sent to insurance companies/payers foreign countries. I further underst completed, submitted and approved	provider's pre-enrollms and \$0.55/claim* for and it is my respona d, and that Office Ally i	riate payers the claims that are not accepted electronical ment status. I agree to pay Office Ally \$0.45/claim* for conclaims sent to individuals (such as patients or attorneys) asibility to ensure that all pre-enrollment forms are profis aware of the approval. Claims I submit to payers that reformed Ally's system, will be printed and mailed at my expensions.	
NON-PAR CLAIMS POLICY			
Institutional claims Attending NPI will be use	d. Otherwise, Billing NF 0% or more to Non-Pa	ndering NPI combination (if no Rendering NPI is present, ther PI will be used for this calculation when Rendering NPI/Atten ar Payers (per our Payer List) in a month, the Non-Par proces g NPI combination for that month.	
SFTP Setup Do you need an FTP/SFTP ac If Yes, what is the name of the software u Would you like to group this to your Gro	uploading claims? 🔙	Yes No	
If Yes, what is the Grouped Account # (It			
Signature of Authorized Contact, Presider	nt, CEO, or Owner	Printed Name of Signer	
Title of Signer		Date Signed:	

Please submit this completed form by fax to (360) 314-2184 or by email to: <a href="mailto:EnrollmentAdmin@OfficeAlly.com">EnrollmentAdmin@OfficeAlly.com</a> For questions call (360) 975-7000. \*Rates and Payer List are subject to change