

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

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.

To transfer/hard-code 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 that ERAs are to be transferred or linked to
  - Statement requesting ERAs be moved/linked to Username indicated
  - Tax ID the ERAs are for
  - NPI the ERAs are for
  - Email address for confirmation of approval or denial
  - Effective Date for Transfer/Link
  - Statement that Signer is an Authorized Individual who can sign on behalf of the Provider/Group
  - Signature of Authorized Individual
  - Printed Name of Authorized Individual
  - 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
- **OR Scan and Email to:** [ERATransfer@officeally.com](mailto:ERATransfer@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](mailto:Support@OfficeAlly.com) or (360) 975-7000 option 1.***

# ERA TRANSFER LETTER

add company letter head in space provided below

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 (select one):

- Owner    Co-Owner    CEO    CIO    CFO    COO    President    Vice President    Director    Executive  
 Director    Interim Director    Provost or Administrator