



Owner of Account / Practice Name*: _____

*Must match the Owner of Account / Practice Name on the Enrollment Form. The name listed here will be considered the Owner of the Office Ally Account. This field is required for the form to be processed.

TERMS & CONDITIONS:

- Office Ally has zero tolerance for insurance fraud and reserves the right to refuse service to anyone who commits or is suspected of committing insurance fraud.
 - Submitter ensures that all data submitted is valid and represents services performed accurately.
 - I authorize and consent to my information being checked against the Office of Inspector General's (OIG) and System of Award Management (SAM) lists of excluded individuals/entities databases.
 - I authorize and consent to background reports, including investigative consumer reports, to be ordered and reviewed for verification, validation or other anti-fraud purposes.
- Office Ally shall not be deemed responsible for any claims transactions that fail due to incorrect/invalid data and all such rejections shall be the sole responsibility of the submitter for correction and resubmission.
- **21 Day Rule/Pending Claims:** Office Ally will automatically reprocess all claims pended (for specific payers where Office Ally performs Patient Eligibility checking) due to 'Patient Not Found' and 'Patient Not Covered (at time of service)'. Reprocessing will take place every 7 days for up to 3 tries after the initial processing. Provider will be notified: 1) at the time of the original processing that the claim is pending, and 2) at the time that the claim is accepted, or 3) after the last attempt to reprocess if the claim is still rejected. If the patient is found to be eligible after reprocessing, the received date will be the date that Office Ally actually transmits the claim to Payer. This option is on by default, but can be turned off per user's request.
- **Pre-Enrollment Requirement:** Certain payers require pre-enrollment which must be completed and approved before claims can be sent electronically. Submitter is responsible to ensure all necessary paperwork is completed. See our [Payer List](#) for a complete listing.
- **Financial Responsibility/Electronic Invoices:** Owner of Account above agrees to be held financially responsible for all fees and/or finance charges incurred by this account. Office Ally utilizes email for all correspondence, including accounting notices and invoices. It is your responsibility to ensure Office Ally has a valid email address for you at all times.
- **Changes to Fees:** Notwithstanding anything to the contrary, Office Ally may change the fees and charges at any time by providing at least thirty (30) days prior written notice (the "Notice Period") of such change to Customer. Any such change shall take effect at the expiration of the Notice Period. In the event that Customer does not agree to the changes to the fees and charges, Customer may terminate this Agreement at any time by contacting the Cancellations Team.

NON-PAR CLAIMS POLICY:

To determine whether a payer is Non Par, please reference the TYP (Type) column of our [Payer List](#). NP indicates a Payer is Non Par, while P indicates a Payer is Par.

- If my Non-Par (NP) claim volume is greater than or equal to 50% of my total claim volume in a month, my account is subject to a processing fee of \$35.00 for that month*.
- If my Non-Par (NP) claim volume is less than 50% in a month, I will not be charged this fee for that month.
- All totals are calculated per account (Admin Username) and I will only be charged this fee for months in which I meet or exceed the 50% limit.
- **Effective February 1st, 2019:** The Non-Par processing fee (\$35.00) shall be calculated and charged per unique Tax ID + Rendering NPI combination (if no Rendering NPI is present, Billing NPI will be used). For each unique Tax ID + Rendering NPI combination whose claim volume is 50% or more to Non-Par Payers (per our [Payer List](#)) in a month, the Non-Par processing fee of \$35.00 will be charged for that unique Tax ID + Rendering NPI combination for that month.

INITIAL HERE* _____ to indicate that you fully understand the Non-Par Claims policy. Required regardless if applicable.

CLAIM PRINTING POLICIES:

- All claims that Office Ally is able to submit electronically are transmitted electronically, free of any "printing" fees.
- Any claims that Office Ally cannot send electronically can be printed and mailed automatically for a fee of \$ 0.45 cents per claim* if you select this option below.
- Claims that need to be printed and mailed to individuals (such as patients or attorneys), or to foreign countries are \$0.55 per claim*
- The submitter will be invoiced monthly via email for these paper claims.

ELECT PRINTING OPTION: YOU ARE REQUIRED TO MAKE A CHOICE BELOW (CHECK ONLY ONE):

Do not print any claims for me. I understand that if I transmit claims that cannot be sent electronically, they will be rejected back to me.

I hereby allow Office Ally to print and mail claims that cannot be transmitted electronically as indicated on the payer list and the provider's pre-enrollment status. I agree to pay Office Ally \$0.45/claim* for claims sent to insurance companies/payers and \$0.55/claim* for claims sent to individuals (patients/attorneys) or to foreign countries. I further understand it is my responsibility to ensure that all pre-enrollment forms are properly completed, submitted and approved, and that Office Ally is aware of the approval. Claims I submit to payers that require pre-enrollment, where the approval has not been logged in Office Ally's system, will be printed and mailed at my expense.

By signing below, you are acknowledging that you have read, understand, and agree to all terms/conditions in full.

Signature (Owner of Account or President/CEO/Owner of Practice/Facility)

Name (Owner of Account or President/CEO/Owner of Practice/Facility)

Main Contact Name / Phone Number

Training Contact Name / Phone Number (If different than Main Contact) – The person we should contact for training appointment(s) for your office.

Date

Title (President/CEO/Owner of Practice/Facility)

Main Contact Email Address

Training Contact Email Address

Please submit the completed Authorization Sheet by fax to (360) 314-2184 or by email to: EnrollmentAdmin@OfficeAlly.com. For questions call (360) 975-7000 opt. 3.

*Rates and Payer List are subject to change OA 2018-12-11