

Print Option Update



To modify your current print option this form must be completed in its entirety. Incomplete forms will not be processed. Complete forms will be processed within 48 business hours of receipt. Once the change has been made an email confirmation will be sent to the email address on file. If it has been more than 48 hours and you have not received confirmation, please call Client Support at (360) 975-7000 to confirm that Office Ally has received your Print Option Update Form.

TERMS/CONDITIONS

- The selection made on this form will supersede the selection(s) made on any previous Print Option Update Form.
- Pre-Enrollment Requirement: Certain payers require pre-enrollment which must be completed and approved before claims can be sent electronically. See our [payer list](#) for a complete listing.

CLAIMS PRINTING POLICIES

- Any claims that Office Ally has to print and mail are done so at a rate of \$ 0.75 cents per claim* if you select this option below.
- 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 may be rejected back to me.
- I hereby allow Office Ally to print and mail to the appropriate payers the claims that are not accepted electronically as indicated on the payer list and the provider's pre-enrollment status. I agree to pay Office Ally \$0.75 per printed claim*. I further understand that 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 of Authorized Contact, President, CEO, or Owner	_____ Date
_____ Printed Name of Authorized Contact	_____ Title of Signer
_____ Contact Name	_____ Contact Phone Number
_____ Contact Email Address	_____ Office Ally Username

Email this completed form to enrollmentadmin@officeally.com or fax it to (360) 314-2184.
For questions call 360-975-7000. *Rates and Payer List are subject to change.