

# Medical Billing Professionals Support Suite

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## Survey Regarding Office Ally Clearinghouse

2016-12-13 - Medical Billing Professionals - Comments (0) - General

### Survey Regarding Office Ally Clearinghouse

We currently are submitting your claims either direct to payers (like Medicare and some Blue Cross Blue Shield plans) or via the Availity clearinghouse.

However, from time to time providers may need proof of timely filing which is difficult to provide. In addition, there are times when providers simply want to confirm that payers have received and processed claims.

Therefore, we are considering switching and sending claims to the Office Ally clearinghouse.

First, Office Ally has a more extensive payer list than Availity (in fact, we currently submit some claims to Office Ally for payers that are not available via Availity).

Second, providers can search themselves the claim status and view proof of filing right on Office Ally's web portal in the Claim Search box.

We are asking providers to get back to us to let us know if you would be interested in us switching you to Office Ally (note: responding yes does not obligate you; we would discuss more via email).

**COSTS:** Are there any costs for this? Yes and no.

- If 50% or more of your claims submitted during the month are to Government/Non-Par payers, Office Ally charges \$19.95 for that month.

- BUT if less than 50% of your claims submitted during the month are to Government/Non-Par payers, there is no fee charged by Office Ally.
- MOST claims are free/par claims, but Government payers like Medicare not free. To help you determine your percentage, you can view the Office Ally Payer List at: <https://cms.officeally.com/Pages/ResourceCenter/PayerLists/PayerList.aspx>.
- NOTE: Because we currently submit almost all Medicare claims direct, you also could have the option of us continuing to submit Medicare claims direct BUT submit all other claims for your practice via the Office Ally clearinghouse.

PLEASE RESPOND via fax (215-243-4571) or via email:

OFFICE NAME: \_\_\_\_\_

Your Name:  
\_\_\_\_\_

RESPONSE: \_\_\_\_\_ Yes, we would be interested in more info about submitting our claims via Office Ally.

\_\_\_\_\_ No, we want to keep our claim submission as it currently is.