BlueCross BlueShield of Alabama

An independent licensee of the Blue Cross and Blue Shield Association

ERA Enrollment Instructions

The ERA service enables Blue Cross and Blue Shield of Alabama to provide you with an electronic remittance advice, which is a statement of your claims payments in an electronic format. The form is available online at www.AlabamaBlue.com >Provider >For EDI Vendors >EDI Vendor Enrollment Forms.

PROVIDER INFORMATION

Provider Name – Complete legal name of institution, corporate entity or practice. For sole proprietors, the individual provider name.

PROVIDER IDENTIFIERS INFORMATION

Provider Federal Tax Identification Number (TIN)/Employer Identification Number (EIN) – A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.

National Provider Identifier (NPI) – Payee NPI for named provider

Trading Partner ID – The provider's submitter ID assigned by the health plan, the provider's clearinghouse or vendor, which consists of an eight-character directory ID and four-character vendor ID. EX: ABCD0001-000A. The remittances will be distributed to the eight-character directory ID.

PROVIDER CONTACT INFORMATION

Contact Name, Title, Telephone Number and Email Address – Provide the contact information for the person handling ERA issues for the provider.

ELECTRONIC REMITTANCE ADVICE INFORMATION

Provider Preference for Grouping Claim Payment Remittance Advice – Must match preference for electronic funds transfer (EFT) payment. See Provider Identifiers Information.

ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION

Clearinghouse Name – Official name of the provider's clearinghouse
Clearinghouse Contact Name, Telephone Number, Email Address –
Name, phone number and email address of a contact in clearinghouse office for handling ERA enrollment issues

ELECTRONIC REMITTANCE ADVICE VENDOR INFORMATION

Vendor Name – Official name of the provider's vendor
Vendor Contact Name, Telephone Number, Email Address -
Name, phone number and email address of a contact in vendor's office for handling ERA enrollment issues

SUBMISSION INFORMATION

Reason for Submission

- **New Enrollment** – Select this option when not already enrolled for ERA (835).
- **Change Enrollment** – Select this option when changing from an existing Trading Partner to a new Trading Partner. Blue Cross allows set-up of ERA (835) for only one Trading Partner ID at a time.
- **Cancel Enrollment** – Select this option when terminating enrollment from the ERA (835) process.

Authorized Signature – The written signature and printed name of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment.

Submission Date – The date on which the enrollment is submitted.

The form lists the fax number and email address of Blue Cross and Blue Shield of Alabama's EDI Services Department as options for returning the ERA Application form.

Fax: 205-733-7362 **Email: EDIEnrollment@bcbsal.org**

ERA Enrollment Status
Contact EDI Services at **EDIEnrollment@bcbsal.org** or **205-220-6899** to inquire about ERA enrollment status.

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EDI Enrollment Request for Electronic Remittance (835) Files

By completing this form, you are enrolling for the receipt of an ERA (835) to be delivered to the Trading Partner ID you are specifying in this enrollment. Completed form should be faxed to EDI Services at 205-733-7362 or emailed to **EDIEnrollment@bcbsal.org.**

PROVIDER INFORMATION

Provider Name

Provider Provider

PROVIDER IDENTIFIERS INFORMATION

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)

Provider Type

☐ **Institutional** ☐ **Professional/Dental**

National Provider Identifier (NPI)

Trading Partner ID

PROVIDER CONTACT INFORMATION

Contact Name

Title

Telephone Number

Email Address

ELECTRONIC REMITTANCE ADVICE INFORMATION

Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)

Provider Tax Identification Number (TIN):

National Provider Identifier (NPI):

ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION

Clearinghouse Name

Clearinghouse Contact Name

Telephone Number

Email Address

ELECTRONIC REMITTANCE ADVICE VENDOR INFORMATION

Vendor Name

Vendor Contact Name

Telephone Number

Email Address

SUBMISSION INFORMATION

Reason for Submission

◉ **New Enrollment** ○ **Change Enrollment** ○ **Cancel Enrollment**

Authorized Signature

Represents and warrants that he or she has full power and authority to execute this agreement on behalf of the healthcare provider identified in Section I (Provider) and to bind the Provider to the terms and conditions of this agreement;

Authorizes Blue Cross and Blue Shield of Alabama (Blue Cross) (1) to disclose protected health information to the business associate identified in Section II (Business Associate); and (2) to return Provider passwords to Business Associate;

Agrees to notify Blue Cross if the Business Associate changes;

Agrees that Provider will be responsible for all electronic transactions submitted to Blue Cross by Provider, its employees, and its agents;

Agrees that Blue Cross has the right to audit and confirm information submitted by or on behalf of Provider and shall have access to all original source documents and medical records related to Provider's submissions. All incorrect payments shall be adjusted in accordance with Blue Cross guidelines;

Agrees that Provider will use sufficient security procedures to ensure that all transmissions of documents are authorized and protect all data from improper access; and

Agrees to establish and maintain procedures and controls so that information concerning Blue Cross subscribers, or any information obtained from Blue Cross, shall not be used by agents, officers or employees of the billing service except as provided by Blue Cross.

Written Signature of Person Submitting Enrollment

Printed Name of Person Submitting Enrollment

Submission Date