

Electronic Funds Transfer Enrollment Form



Electronic Funds Transfer (EFT) Support

Atlanta, North Georgia and South Georgia - Please contact your local Representative.

Electronic Remittance Advice (ERA) Support

(888) 883-2720 (ERA only)

Please FAX All Forms to:
(404) 682-3238

OR Mail Forms to:
Blue Cross Blue Shield of Georgia
3350 Peachtree Road
EDI Services / GA014-0007
Atlanta, Ga 30326

Complete this form to request scheduling for implementation of EFT for the provider / facility indicated below.

NOTE: A separate form is required for each Tax Identification Number & Location.

Incomplete enrollment form will cause delay.

Provider Name: _____

Provider/Supplier Legal Business Name: _____

Tax ID Number: _____ Location Suffix: __ __ (New form required for each suffix, See Instruction page)

Physical Address: _____ Suite: _____

City: _____ State: _____ ZIP Code: _____

Contact Name: _____ Phone: _____ Fax: _____

Direct Deposit Authorization

Blue Cross Blue Shield of Georgia Systems is hereby authorized to deposit payments for claims to the account listed below.
PLEASE ATTACH A COPY OF A "VOIDED CHECK" FOR THE BANK ACCOUNT TO RECEIVE DIRECT DEPOSIT.

PROVIDER / FACILITY NAME NAME:		
ADMINISTRATIVE CONTACT:	TAX ID NUMBER:	SUFFIX:
TITLE:	PHONE NUMBER:	

BANK INFORMATION

NAME ON BANK ACCOUNT	
ACCOUNT TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
BANK NAME:	BRANCH NAME:
BANK ADDRESS :	BANK PHONE NUMBER:
ACCOUNT NUMBER:	TRANSIT/ABA NUMBER:

An authorized signer on the bank account must sign this form * =Required

- * Authorized/Delegated Official Name (print): _____
- * Authorized/Delegated Official Title (print): _____
- * Authorized/Delegated Official Signature: _____

* **DATE SIGNED:** _____

Electronic Funds Transfer

ENROLLMENT INSTRUCTIONS

1. In order to receive EFT (Electronic Fund Transfer) you must also retrieve 835 ERA (Electronic Remittance Advice).
2. If you are not set up to retrieve 835 ERA, please contact your Clearinghouse, Billing Service or Software Vendor to submit the necessary 835 ERA enrollment form.
3. One 835 ERA enrollment form is required for each Tax ID Number.
4. One EFT enrollment form is required for EACH location.
5. Each location has a Suffix identifier. Please refer to a recent EOB and note the TAX ID number and the 3 digit Suffix. I.e. 58-0000000 001. If you are unable to locate your suffix(es), please contact provider relations at 404 231 0428 and request the suffix for each location.
6. Fax completed forms to (404) 682 - 3238.
7. Incomplete forms will be returned and will delay the enrollment process.
8. Hard copy Remittance Advice shall be discontinued thirty (30) days from the date of the first 835 ERA file transfer.
9. Please do not fax this instruction sheet along with your completed EFT Enrollment form.
10. PLEASE ATTACH A COPY OF A VOIDED CHECK FOR THE BANK ACCOUNT TO RECEIVE THE DIRECT DEPOSIT

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