



220 Burnham Street • South Windsor, CT 06074
 Vox 888-255-7293 • Fax 860-289-0055

Participation in Dental Electronic Remittance Advice (ERA) is limited to those provider's whose practice management software vendor is participating in ERA with Emdeon or to those provider's who have a Dental Provider Services (DPS) account. Please contact your software vendor to verify participation or register for a DPS account at www.emdeondental.com

**BLUE CROSS OF ALABAMA
 DENTAL ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT REGISTRATION**

PAYER ID NUMBER	CBAL1
ELECTRONIC REGISTRATIONS Agreements Required	Emdeon Dental Provider Enrollment Form <ul style="list-style-type: none"> • Please complete all requested information. Request for BCBS of Alabama Electronic Remittance 835 Files <ul style="list-style-type: none"> • Please complete sections I and IV
SPECIAL NOTES	All Providers are required to be sending their BC of Alabama claim electronically through Emdeon Business Services prior to requesting enrollment for ERAs.
SEND REGISTRATION FORMS TO	Emdeon Business Services 220 Burnham Street South Windsor, CT 06074 Attn: Provider Enrollment Or Fax to: 860-289-0055
ENROLLMENT CONFIRMATION	ERA enrollments take approximately 15-20 business days for completion. Once complete, Emdeon Dental will notify the provider or their software vendor to expect to begin receiving ERAs from Blue Cross of Alabama.
CHANGING ELECTRONIC BILLING AGENTS	If the Provider currently receives ERAs through another Billing Agent other than Emdeon Business Services each Provider must re-enroll following the procedures listed above.



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<p>DISCONTINUING ERA</p>	<p>Discontinuing ERA is a 2 step process.</p> <ol style="list-style-type: none"> 1. Deactivation <ol style="list-style-type: none"> a. Providers receiving ERAs via their Practice Management Software need to request deactivation from their software Vendors. Please call your PMS directly. b. Providers receiving their ERAs via an Emdeon DPS account need only ignore the ERA option when logging into the DPS. 2. Payer Un-enrollment <ol style="list-style-type: none"> a. Each payer has their own unique process to discontinue ERAs and return to paper Remittance Advice. Please follow the below steps for this payer. <p>If a provider wishes to discontinue receiving ERAs from Blue Cross of Alabama he would need to fax his request to 205-220-9266 on his office letterhead.</p>						
<p>CONTACT PHONE NUMBERS</p>	<table> <tr> <td>In state providers</td> <td>205-985-5378</td> </tr> <tr> <td>Out of state providers</td> <td>888-783-5113</td> </tr> <tr> <td>Emdeon Business Services Provider Enrollment</td> <td>888-255-7293</td> </tr> </table>	In state providers	205-985-5378	Out of state providers	888-783-5113	Emdeon Business Services Provider Enrollment	888-255-7293
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PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **Blue Cross of Alabama - ERA payer ID CBAL1**

Provider/Organization Name: _____

Tax Identification or Social Security Number: _____
(Number that will be used to submit electronic claims)

Software Vendor: _____

Group NPI: _____
(if applicable)

Name	Rendering	NPI
_____	_____	_____

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Date: _____



REQUEST FOR BLUE CROSS AND BLUE SHIELD OF ALABAMA ELECTRONIC REMITTANCE 835 FILES

Section I:

Payee Name: Address: City/State/Zip: Telephone: Contact Name: Facsimile: E-mail:

Section II:

835 Vendor Name: Telephone: Contact Name: Facsimile: E-mail: Submitter ID

Section III:

Electronic Remittance Notices will be downloaded by Blue Cross on a weekly basis. Connection to FTP Server: Internet Dial-up Frame relay

Section IV:

Table with 3 columns: PAYEE NAME, PAYEE NPI, TAX ID

NOTE: All providers associated with the payee/tax ID combination listed in Section IV will be included in the 835 remittance file.

The undersigned hereby:

- Represents and warrants that he or she has full power and authority to execute this agreement... Agrees to establish and maintain procedures and controls...

SIGN HERE

Authorized Signature

Date