



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: _____



Section I:

PRACTICE/FACILITY NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____

Section II:

835 VENDOR/CLEARINGHOUSE NAME: Envoy / CPS dba Emdeon Dental
 CONTACT NAME: Stacey Widun BLUE CROSS VENDOR ID: 091

Section III:

Electronic Remittance Notices are formatted in the mandated HIPAA version and will be uploaded by Blue Cross to the specified FTP directory each Monday for the following Thursday's payment. Remittance files are purged from the FTP server after 45 days.

<p style="text-align: center;"><u>Required Information</u></p> <p>Indicate the FTP directory where 835 remittance files should be delivered: <input style="width: 150px;" type="text" value="CPS00001"/></p> <p>Indicate the applicable line of business: <input type="checkbox"/> Institutional <input type="checkbox"/> Professional/Dental</p>	<p style="text-align: center;"><u>Optional Information</u></p> <p><input type="checkbox"/> Check here if a dial-up connection is needed.</p> <p><i>NOTE: A dial-up connection is not required if the FTP server is accessed through the internet or a frame relay connection.</i></p>
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Section IV:

PRACTICE/FACILITY NAME	PAYEE NPI* (NPI receiving payment)	TAX ID

***The Payee NPI will be the group NPI if the provider is part of a group or the individual NPI if the provider is a sole practitioner.**
NOTE: If the provider is part of a group, it is not necessary to enroll the Payee NPI/tax ID combination more than once. All providers will be included in the 835 remittance file if they are associated with the Payee NPI/tax ID combination listed in Section IV.

The undersigned hereby:

- Represents and warrants that he or she has full power and authority to execute this agreement on behalf of the health care 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 (BCBSAL) (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 BCBSAL if the Business Associate changes;
- Agrees that Provider will be responsible for all electronic transactions submitted to BCBSAL by Provider, its employees, and its agents;
- Agrees that BCBSAL 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 BCBSAL 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.

 Authorized Representative of Provider

 Date