

PAYER ID:

SUBMITTER ID:



## Emdeon ERA Provider Information Form

*\*This form is to ensure accuracy in updating the appropriate account*

<b>1 Provider Organization</b>					
Practice/ Facility Name		Provider Name			
Tax ID		Client ID		Site ID	
Address		City/State		Zip Code	
Contact Name					
E-mail Address		Telephone		Fax	
<b>2 Vendor</b> <i>(Emdeon certified vendor used to submit files to Emdeon)</i>					
Vendor Name		Vendor Submitter ID		Division ID	
Contact Name					
E-mail Address					
<b>3 Payer</b>					
Payer ID					
Group ID	Individual Provider ID		NPI ID		
<b>4 Confirmations</b>					
Send Emdeon Claim Confirmations To:					
Special Instructions:					
<ul style="list-style-type: none"> <li>All Payer Registration forms must contain signatures when applicable, stamped signatures or photocopies are accepted.</li> <li>SUBMIT COMPLETED FORM TO:            Fax: (615) 231-4843            Email: <a href="mailto:batchenrollment@Emdeon.com">batchenrollment@Emdeon.com</a></li> </ul>					
INSTITUTIONAL ERA IS PROCESSED THROUGH THE PROFESSIONAL PAYER ID OF SB621, PLEASE SUBMIT AN ERA PSF WITH PAYER ID SB621.					
EMDEON REVISION FORM DATE:					



BlueCross BlueShield of Illinois  
 BlueCross BlueShield of New Mexico  
 BlueCross BlueShield of Oklahoma  
 BlueCross BlueShield of Texas  
 Experience. Wellness. Everywhere.™

# Electronic Remittance Advice (ERA) Enrollment Form

Availity, L.L.C. supports the exchange of electronic remittances in the ASC X12 835, version 4010A1 format. The enrollment process establishes an electronic mailbox where Availity® will place the electronic remittance file(s) received from payer(s). The provider's Federal Tax ID is required to establish an ERA Receiver mailbox and also will be used to parse remittance transactions from the payer. The assigned electronic ERA Receiver ID and password will be returned via fax to the contact and fax number provided on the enrollment form.

If you are a Billing Service or Clearinghouse wishing to receive the ERA on behalf of a provider, the provider must complete the enrollment documents authorizing you to retrieve their remittance files, or a copy of the Power of Attorney must be submitted with the enrollment form.

**NOTE: The paper Provider Claims Summary (PCS) currently provided by Blue Cross and Blue Shield will be discontinued 30 days from the date you begin receiving the ERA files.**

## CHANGE AN EXISTING OR ADD A NEW ERA ACCOUNT (SELECT ONE)

<b>Change</b> an existing ERA Receiver ID	<b>Add</b> a new ERA Receiver ID
<input type="checkbox"/> I need to add a new payer to my ERA account	<input type="checkbox"/> I want to create a new ERA account
<input type="checkbox"/> I need to change my ERA account information	<input type="checkbox"/> I want to receive my ERAs in my current Submitter mailbox
<input type="checkbox"/> I need to delete my ERA account information	<input type="checkbox"/> I am a Uniform Payment Plan (UPP) Provider - IL ONLY
	<input type="checkbox"/> I need a separate mailbox for my Electronic Payment Summary (EPS) File

## INDICATE WHO WILL RECEIVE THE ERA FILE

Provider  Billing Service  Clearinghouse  Other (please specify):

## MEDIA TYPE (SELECT ONE)

rEDI-Link Mailbox  File Transfer Protocol (FTP)\*  ZIP compression needed? (\*FTP enrollment is required for this option. For instructions, visit Availity's Web site at [www.availity.com](http://www.availity.com).)

## RECEIVER INFORMATION

Availity User ID	ILSP000415				
Receiver Name	EMDEON				
Receiver Address	3055 LEBANON PIKE STE 1000		City	State	Zip
			NASHVILLE	TN	37214
Contact Name	ENROLLMENT HELP DESK				
Telephone + extension	866.924.4634	Fax Number	615.231.4843		
E-mail Address	PAYERREGISTRATION@EMDEON.COM				
Vendor Name/ID (if applicable)					

## PAYER INFORMATION

Payer Name  BCBSIL  BCBSNM  BCBSOK  BCBSTX

## PROVIDER INFORMATION

Check here if the Provider is the same as the Receiver/Submitter.

National Provider Identifier (NPI) (10-digit Billing NPI)										BCBS Provider Number (if NPI is not applicable – for example, "Atypical Provider")														
Provider Name (please print)										Federal Tax ID														
Provider Address										City					State					Zip				
Provider Signature (Required)										Date														

If you have any questions regarding the enrollment process you may contact Availity Client Services at (800) AVAILITY (282-4548). Return your completed, signed form via mail or fax to:

**Availity**  
**P.O. Box 833905**  
**Richardson, TX 75098-3905**  
**Fax: (972) 383-6450**

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