

Electronic Data Interchange (EDI) Enrollment for ANSI 835 Electronic Remittance Advice

Provider Name:*

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

Provider National Provider Identifier (NPI):**

Provider Taxonomy Code:

Provider Contact Name:

Provider Contact Telephone Number:

Provider Contact Email Address:

Provider Fax Number:

Electronic Remittance Advice Information*

Preference for aggregation of remittance data

Provider preference for grouping (bulking) claim payment remittance advice.
Must match preference for EFT payment.

Provider Tax Identification Number (TIN)

National Provider Identifier (NPI)

Method of retrieval:***

Electronic Remittance Advice Clearinghouse Information

Please complete if a clearinghouse is being used.

Clearinghouse Name:

Clearinghouse Contact Name:

Clearinghouse Contact Telephone Number:

Clearinghouse Contact Email Address:

Electronic Remittance Advice Vendor Information

Please complete if a vendor is being used.

Vendor Name:

Vendor Contact Name:

Vendor Contact Name Telephone Number:

Vendor Contact Name Email Address:

Reason for Submission*

New Enrollment

Change Enrollment

Cancel Enrollment

* Required.

** Required when requestor has obtained an NPI.

*** Required if the provider is not using an intermediary, clearinghouse, or vendor.

Authorized Signature*

Select from below.

- Electronic signature of person submitting enrollment Written signature of person submitting enrollment

Printed name of person submitting enrollment:

Printed title of person submitting enrollment:

Submission Date:*

Requested ERA Effective Date:*

The Provider understands that Capital BlueCross will be relying on this representation for claims processing purposes and for purposes of releasing confidential information. Provider confirms that the Agent has signed a written agreement pursuant to which it has agreed to preserve any information which it receives from Capital BlueCross as confidential, and in accordance with all applicable laws and regulations.

Further, in consideration of Capital BlueCross' acceptance of the Agent, the Provider agrees that it will indemnify and hold Capital BlueCross harmless for any and all damages, claims, and expenses that Capital BlueCross may incur or that may be asserted against Capital BlueCross as a result of the negligent or intentional actions of the Agent in carrying out its duties in connection with the purposes noted above.

Capital BlueCross shall be entitled to rely on this letter until revoked in writing.

Provider understands that Capital BlueCross reserves the right to modify its policies relating to the release of confidential information, including the release of subscriber information to providers or their Agents, at any time.

If you would like to also enroll for other EDI transactions, please check all that apply:

- Submission of HIPAA-compliant ANSI 837P (Professional claims)

- Submission of HIPAA-compliant ANSI 837I (Institutional claims)

- Submission of HIPAA-compliant ANSI 270/271 (Eligibility)

- Submission of HIPAA-compliant ANSI 276/277 (Claim status)

- Submission of HIPAA-compliant ANSI 278 (Health services review)

- Other (describe):

* Required.

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