



Questions? Please contact your EDI Support Vendor for help with EDI enrollment forms 05/05/2015 (NF)
<https://www.azblue.com/healthcareprofessionals/electronic-options/electronic-transactions>

Blue Cross Blue Shield ARIZONA (53589) Enrollment Instructions – ERA

- ✓ **BEFORE enrolling, you MUST have a Practice Insight EDI customer account # with billing provider record(s) added.** Please contact your EDI Support Vendor to confirm your EDI setup.

ERAs (835) NEW or CHANGE OF SERVICE

Electronic Remittance Advice Enrollment Form (1 page)

SEE “Provider Information”

ENTER Billing Provider Group Information to include the Group/Practice Name, Address, Provider TIN and NPI and Provider Contact Information

SEE “Electronic Remittance Advice Information”

SELECT ONLY one. Provider Tax Identification Number (TIN) -or- National Provider Identifier (NPI)

SEE “Reason for Submission”

SELECT New Enrollment (first time ERA setup) or Change Enrollment (if changing ERA setup, e.g, changing clearinghouse connection).

SEE “Authorized Signature” ENTER Printed and Written Signature of Person Submitting Enrollment, Printed Name, Date and Title of Person Submitting Enrollment.

Submit to EDIinsight Enrollment Team:

Within EDIinsight - Enrollment Manager:

GO TO or **[ADD Payer Enrollment]** record for this payer.

SELECT record, CLICK **[ATTACH File]** to attach all pages of the completed payer form(s).

IF prompted, asking if you want to Submit the request, CLICK **[Yes]** -Or- CLICK **[SUBMIT Enrollment]**

ENTER any notes (optional)

CLICK to **"Save and Exit"** notes' window.

ALLOW 4-6 WEEKS FOR PROCESSING

If you do not begin receiving ERAs within 20 business days, contact your Practice Insight Support Vendor for assistance, or call BCBS Arizona EDI Dept. at 602-864-4844.



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Electronic Remittance Advice Enrollment Form

PROVIDER INFORMATION			
Provider Name		Doing Business As Name (DBA)	
PROVIDER ADDRESS			
Street	City	State/Province	Zip Code/Postal Code

PROVIDER IDENTIFIERS INFORMATION	
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	National Provider Identifier (NPI)
OTHER IDENTIFIERS	
Trading Partner ID	

PROVIDER CONTACT INFORMATION		
Provider Contact Name	Telephone Number	Telephone Number Extension
Email Address	Fax Number	

PROVIDER AGENT INFORMATION		
Provider Agent Name		
Provider Agent Contact Name	Telephone Number	Telephone Number Extension
Email Address	Fax Number	

ELECTRONIC REMITTANCE ADVICE INFORMATION	
PREFERENCE FOR AGGREGATION OF REMITTANCE DATA (E.G. ACCOUNT NUMBER LINKAGE TO PROVIDER IDENTIFIER)	
<input type="checkbox"/> Provider Tax Identification Number (TIN)	<input checked="" type="checkbox"/> National Provider Identifier (NPI)
Method of Retrieval	<input type="checkbox"/> CORE Web Service <input type="checkbox"/> MyFileGateway <input type="checkbox"/> SFTP – Trading Partner hosted <input type="checkbox"/> SFTP – BCBSAZ hosted <input type="checkbox"/> FTP – Trading Partner hosted <input type="checkbox"/> FTPS – Trading Partner hosted

ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION	
Clearinghouse Name	Clearinghouse Contact Name
Telephone Number	Email Address

ELECTRONIC REMITTANCE ADVICE VENDOR INFORMATION
Vendor Name

SUBMISSION INFORMATION	
Reason for Submission <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Enrollment <input type="checkbox"/> Cancel Enrollment	
AUTHORIZED SIGNATURE	
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	

SUBMIT BY EMAIL