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## Blue Cross Idaho 835

### EDI Enrollment Instructions:

- The billing provider must have an EDInsight customer account.
- SAVE this document to your computer.
- OPEN the file in the Adobe Reader program and type directly onto the form.
- COMPLETE the form using the provider's billing/group information as credentialed with payer.
- PRINT, SIGN and SCAN or SAVE the signed form to your PC so that you may submit the form to the EDInsight Enrollment Team using EDInsight Enrollment Manager.
- ERA enrollment processing timeframe is approximately 30 days.
- Support Vendors may contact the EDInsight Enrollment Team or email the payer at [edihelpdesk@bcidaho.com](mailto:edihelpdesk@bcidaho.com) to follow up on the ERA setup request.

### 835 Electronic Remittance Advice:

Complete and submit this form using the billing provider's group information.

#### 1. Blue Cross of Idaho ERA Registration Form (1 page)

Complete all applicable fields.

Complete the contact information fields under 'Provider Information' section.

Enter the Billing Provider Blue Cross of Idaho ID under the 'Required Information' section.

Provider or Office Manager must sign where indicated at the bottom of the page.

### Submit to EDInsight Enrollment Team:

Within EDInsight - 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.



# ERA REGISTRATION FORM

Blue Cross of Idaho  
3000 E Pine Ave.  
Meridian, ID 83642  
Fax 208-331-7203

Date: \_\_\_\_\_

## Provider Information:

Business Name:
Billing NPI Number:
Billing EIN:
Business Address:
City, State and Zip:
Phone Number:
Contact Name:
Email Address:

## Required Information:

X12N 5010X221- 835 (Remittance advice)	Billing Provider Blue Cross of Idaho ID:
	Clearinghouse Name:
	ISA06 Submitter ID:

Provider or Office Manager Signature: \_\_\_\_\_