

Louisiana Blue Cross Blue Shield 837P, 8370 and 835

EDI Enrollment Instructions:

- The billing provider must have an EDIinsight customer account.
- Please 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 this payer.
- Once completed, save for your records, print and obtain appropriate signature{s}.
- Enrollment timeframe is 3 - 5 business days.
- BCBSLA emails a confirmation notice to the email address entered on the form.
- To check status of EDI enrollment, call LA BCBS at 800-216-2583 or email EDIServices@bcbsla.com

835 Electronic Remittance Advice:

Electronic Remittance Advice (ERA) Enrollment Form

Complete all fields, as appropriate.

Electronic Remittance Advice Vendor information: Optional.

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.

Electronic Remittance Advice (ERA) Enrollment Form

By completing this form, you are enrolling for the receipt of an ERA (835), to be delivered to the Trading Partner ID you are specifying in this enrollment. All fields must be completed in order for us to complete processing of the enrollment.

PROVIDER INFORMATION		
Provider Name		
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)	Trading Partner ID	
PROVIDER CONTACT INFORMATION		
Contact Name	Title	
Telephone Number	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 type="checkbox"/> National Provider Identifier (NPI): _____		
Method of Retrieval		
<input type="checkbox"/> From Health Plan <input type="checkbox"/> Secure FTP <input type="checkbox"/> From Clearinghouse <input type="checkbox"/> SOAP/MIME		
ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION		
Clearinghouse Name		
Clearinghouse Contact Name	Telephone Number	Email Address
ELECTRONIC REMITTANCE ADVICE VENDOR INFORMATION		
Vendor Name		
Vendor Contact Name	Telephone Number	Email Address

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SUBMISSION INFORMATION

Reason for Submission

- New Enrollment
- Change Enrollment
- Cancel Enrollment

Authorized Signature

This information is to remain in full force and effect until Blue Cross and Blue Shield of Louisiana (Louisiana Blue) has received written notification from me of its change or cancellation in such time and in such manner as to afford Louisiana Blue a reasonable opportunity to act on it.

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

RETURN INFORMATION

Please return your completed ERA Enrollment Form in one of the following ways:

Email: EDIservices@lablue.com

Fax: (225) 298-2945

If you have any questions about this form or your ERA enrollment status, please contact EDI Services at:

Phone: 1-800-716-2299, option 3

Email: EDIservices@lablue.com

Internal Use Only

TPM set-up completed on: _____

Employee ID No.: _____