
**BCBS - NORTH CAROLINA (BSNC1/560894904)
BLUE MEDICARE PPO/HMO North Carolina (56152)
Enrollment Instructions – ERA only**

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

**COMPLETE and SUBMIT ONLINE FORM
-Or-
COMPLETE and FAX the form to-
BCBS North Carolina EDI SERVICES
919-765-7101**

835-ERAs New or Change of Service

BCBS North Carolina Electronic Remittance Advice (ERA) Authorization Agreement (1 page)

GO TO NEXT PAGE to complete and fax form to the payer.

Or, TO COMPLETE and SUBMIT ONLINE FORM, go to-

http://www.bcbsnc.com/assets/providers/public/pdfs/ERA_Auth_Agreement_OnLine-V4.pdf

SEE “**Provider Information**”, “**Provider Identifiers Information**”, “**Provider Contact Information**”

Enter the Billing Provider’s Organization information to include-
Billing Provider Group Name, Address, Tax ID (TIN), NPI and Provider Contact Information.

SEE “**Electronic Remittance Advice Information**”

Enter the Billing Provider’s NPI # .

SEE “**Submission Information**”

Put ✓ next to “**NEW**” (for first time ERA setup) -Or- “**CHANGE**” (if changing ERA setup)

For “Written Signature of Person...”-- Obtain signature of provider or authorized person in
provider’s office. Be sure to include Name of signer, Title and Date.

For Requested ERA Effective Date-- Enter date you would like ERA setup to begin.

ALLOW 2-4 WEEKS FOR PROCESSING

*If you do not begin receiving ERAs within 45 business days,
contact your Practice Insight Support Vendor for assistance, or
call BCBS North Carolina EDI at 888-333-8594.*

Blue Cross and Blue Shield of North Carolina

Electronic Remittance Advice (ERA) Authorization Agreement

Please complete the following form and fax the form to Electronic Solutions at 919-765-7101.

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)	

Provider Contact Information	
Provider Contact Name	
Title	
Telephone Number	
Telephone Number Extension	
Email Address	
Fax Number	

Electronic Remittance Advice Information	
National Provider Identifier (NPI)	
Method of Retrieval	
Direct	<input type="checkbox"/>
Clearinghouse	<input type="checkbox"/>

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	

Submission Information	
Reason For Submission	
New Enrollment	<input type="checkbox"/>
Change Enrollment	<input type="checkbox"/>
Cancel Enrollment	<input type="checkbox"/>
Authorized Signature	
Written Signature of Person Submitting Enrollment	
Printed Name of Person Submitting Enrollment	
Printed Title of Person Submitting Enrollment	
Submission Date	
Requested ERA Effective Date	