



ERA ENROLLMENT FORM FOR PROVIDERS USING A CLEARINGHOUSE

Please return completed form to edi.services@bcssc.com

I hereby authorize _____ Practice Insight _____ to receive 835 Electronic Remittance Advices (ERAs) on my behalf. I am authorized to endorse this ERA enrollment form on behalf of my company. I acknowledge that it is my responsibility to notify BlueCross BlueShield of South Carolina in writing if I wish to change or revoke this authorization.

NOTE: Use Page 2 **only** if additional offices *under same Tax Id* will be receiving ERAs.

Fields marked with an asterisk (*) are required. Incomplete or illegible forms will be returned.

BILLING PROVIDER TAX ID NUMBER*	SUBMITTER ID NUMBER <i>(Internal BCBSSC Use Only)</i> CGW0290TX6
BILLING PROVIDER NPI NUMBER*	BILLING PROVIDER CONTACT NAME/TITLE <i>(Please Print)</i> *
BILLING PROVIDER NAME*	BILLING PROVIDER CONTACT SIGNATURE*
BILLING PROVIDER ADDRESS <i>(Cannot be P.O Box)</i> *	DATE*
BILLING PROVIDER CITY/STATE/ZIP*	BILLING PROVIDER PHONE NUMBER*
BILLING PROVIDER EMAIL ADDRESS*	
CLEARINGHOUSE EMAIL ADDRESS (Optional)	

For questions or concerns, contact BCBSSC EDI Services at edi.services@bcssc.com

