
**Blue Cross Blue Shield of VERMONT
(BSVT1/BCBSVT)
Enrollment Instructions -Professional 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.
- ✓ **Make sure all required information is complete and accurate.** Recheck to make sure provider IDs are valid. Invalid or incorrect provider IDs will cause the enrollment to be delayed or rejected.
- ✓ **Make a copy of the completed enrollment pages.** Note the date and method of submission. Keep a copy of the enrollment pages in a file that can be easily referred to, in case you need to follow up or resubmit the request.

FAX COMPLETED FORMS TO-
Practice Insight, Enrollment Department
713-333-0138

837-CLAIMS (New) or (Change of Service)

No EDI enrollment required to submit electronic claims.

835-ERAs (New) or (Change of Service)

1. Electronic Data Interchange Enrollment/Change Form (1 page)

ENTER "Effective Date of Requested Change"

Section 3 –

Check "New" if this is the first time you will be receiving electronic remittance files.

Check "Change" if you are changing clearinghouses. Enter the billing provider information.

IMPORTANT – If changing clearinghouses enter the "Existing submitter ID" and if you do not know this number just enter the Clearinghouse Name.

ALLOW 2-4 WEEKS FOR PROCESSING

If it has been over 20 days since request was submitted and the provider has not yet received remits from the payer and/or confirmation of ERA setup, contact your Support Vendor for assistance. PI Resellers may contact Practice Insight Enrollment Department to inquire regarding status of the ERA enrollment.



Electronic Data Interchange Enrollment/Change Form

P O Box 186

Montpelier, VT 05602

Fax: (802) 225- 7696

editechsupport@bcbsvt.com

Payer ID = BCBSVT

Submit Form

Section 1: Reason for Request

Effective Date of Requested Change: _____

New Setup Claims Submission (837) – Professional Institutional Both

New Setup Remittance Advice (835) – Professional Institutional Both

Acknowledgement (997)

Add New Provider(s)

837 – Professional Institutional Existing Submitter ID # _____

835 – Professional Institutional Existing Submitter ID # _____

Change of Group Practice or Individual Provider Name

Transfer of Vendor/Clearinghouse – 837 835 Both Change of Clearinghouse Name

Change of Demographic Information Change of Contact Information

Section 2: Clearinghouse Information

New Vendor/Clearinghouse Existing Vendor/Clearinghouse Change of Vendor/Clearinghouse

Vendor/Clearinghouse Name: _____

Primary Contact Name: _____

Primary Contact Telephone: _____

Primary Contact E-Mail: _____

Existing Submitter ID#: _____

Previous Vendor/Clearinghouse Name & Submitter ID#: _____

Section 3: Facility/Group Practice/Individual Provider Information

New Change

Facility/Practice/Provider Name: _____

Primary Contact Name: _____

Primary Contact Telephone: _____

Primary Contact E-Mail: _____

Tax ID: _____ National Group Provider Identifier (NPI): _____

Existing Submitter ID# _____