
**BCBS US Virgin Islands (Triple-S) (TS965)
Enrollment Instructions – Claims and ERA**

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

CHOOSE ONE METHOD to submit to Practice Insight

- A. **Enrollment Manager:** PI Support Vendors can submit using this tool
B. **Email:** enrollment@practiceinsight.net

Claims – NEW or CHANGE OF SERVICE**Participating Provider Registry (2 pages)**

Check “**Yes**” for question, “Will a third party billing company handle your Electronic Claims?”

Electronic Remittance Advice - ERA (835) NEW or CHANGE OF SERVICE

Check “**Clearinghouse Name**” for question, “Where will you like to receive your electronic explanation of payment?” Do not change pre-typed name/number for Practice Insight.

Page 1 - Bottom of form

Date and Provider Signature required.

Page 2 - Bottom of form

Date and Signature required.

ALLOW 2-4 WEEKS FOR PROCESSING

*Please allow 30 days after this request has been submitted to begin receiving ERA files from this payer.
Providers--contact your EDI support vendor for assistance. Contact the payer with email to:
usvi.support@bcbsusvi.com*



**Blue Cross and Blue Shield
of the U.S. Virgin Islands**

ERA PARTICIPATING PROVIDER REGISTRY

NPI:

Provider Name: _____

Provider Address: _____

Telephone (specific OFI/FAX/Other): _____

Billing Contact: _____

Will a third party billing company handle your Electronic Claims?

Yes Company Name: _____ Phone Number: _____

No

Billing Software (select 1 per office or write): _____

Where will you like to receive your electronic explanation of payment?:

Clearinghouse Name: _____ Other _____

Reason for submission:

New Enrollment

Change Enrollment

Cancel Enrollment

Date

Participating Provider's Signature



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ITEMS RELATED TO ELECTRONIC BILLING USING HIPAA STANDARD FORMATS

Your billing software must be able to interpret the content of this file. To be able to assist you in a timely manner it is imperative that you verify the responses and file you receive from us.

I Certify that I have read and understand the above mentioned statement:

Name of Person In-charge:

Signature:

Provider's Name

Title:

Date:

Provider's NPI

Please complete all the information in block letters.

For any question, please write us an email at: usvi.support@bcbsusvi.com.