



BlueCross BlueShield of Illinois
 BlueCross BlueShield of New Mexico
 BlueCross BlueShield of Oklahoma
 BlueCross BlueShield of Texas
 Experience. Wellness. Everywhere.™

Electronic Remittance Advice (ERA) Enrollment Form

Availity, L.L.C. supports the exchange of electronic remittances in the ASC X12 835, version 5010A1 format. The enrollment process establishes an electronic mailbox where Availity® will place the electronic remittance file(s) received from payer(s). The provider's Federal Tax ID is required to establish an ERA Receiver mailbox and also will be used to parse remittance transactions from the payer. The assigned electronic ERA Receiver ID and password will be returned via fax to the contact and fax number provided on the enrollment form.

If you are a Billing Service or Clearinghouse wishing to receive the ERA on behalf of a provider, the provider must complete the enrollment documents authorizing you to retrieve their remittance files, or a copy of the Power of Attorney must be submitted with the enrollment form.

NOTE: The paper Provider Claims Summary (PCS) currently provided by Blue Cross and Blue Shield will be discontinued 30 days from the date you begin receiving the ERA files.

CHANGE AN EXISTING OR ADD A NEW ERA ACCOUNT (SELECT ONE)				
Change an existing ERA Receiver ID		Add a new ERA Receiver ID		
<input type="checkbox"/> I need to add a new payer to my ERA account	<input type="checkbox"/> I want to create a new ERA account			
<input type="checkbox"/> I need to change my ERA account information	<input type="checkbox"/> I want to receive my ERAs in my current Submitter mailbox			
<input type="checkbox"/> I need to delete my ERA account information	<input type="checkbox"/> I am a Uniform Payment Plan (UPP) Provider - IL ONLY			
	<input type="checkbox"/> I need a separate mailbox for my Electronic Payment Summary (EPS) File			
INDICATE WHO WILL RECEIVE THE ERA FILE				
<input type="checkbox"/> Provider <input type="checkbox"/> Billing Service <input type="checkbox"/> Clearinghouse <input type="checkbox"/> Other (please specify):				
MEDIA TYPE (SELECT ONE)				
<input type="checkbox"/> rEDI-Link Mailbox <input type="checkbox"/> File Transfer Protocol (FTP)* <input type="checkbox"/> ZIP compression needed? (*FTP enrollment is required for this option. For instructions, visit Availity's Web site at www.availity.com .)				
RECEIVER INFORMATION				
Availity User ID				
Receiver Name				
Receiver Address	City	State	Zip	
Contact Name				
Telephone + extension	Fax Number			
E-mail Address				
Vendor Name/ID (if applicable)				
PAYER INFORMATION				
Payer Name	<input type="checkbox"/> BCBSIL <input type="checkbox"/> BCBSNM <input type="checkbox"/> BCBSOK <input type="checkbox"/> BCBSTX			
PROVIDER INFORMATION				<input type="checkbox"/> Check here if the Provider is the same as the Receiver/Submitter.
National Provider Identifier (NPI) (10-digit Billing NPI)			BCBS Provider Number (if NPI is not applicable – for example, "Atypical Provider")	
Provider Name (please print)	Federal Tax ID			
Provider Address	City	State	Zip	
Provider Signature (Required)				Date

If you have any questions regarding the enrollment process you may contact Availity Client Services at (800) AVAILITY (282-4548). Return your completed, signed form via mail or fax to:

Availity
P.O. Box 833905
Richardson, TX 75098-3905
Fax: (972) 383-6450

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