BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

Helpful tips for completing
Electronic Remittance Advice (ERA) Enrollment

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Electronic Remittance Advice (ERA) Enrollment Form

PROVIDER INFORMATION

Provider Name	Doing Business As Name (DBA)

PROVIDER ADDRESS

Street	City	State/Province	Zip Code/Postal Code

PROVIDER IDENTIFIERS

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	National Provider Identifier (NPI)

OTHER IDENTIFIERS

Trading Partner ID

PROVIDER CONTACT

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

PROVIDER AGENT

Provider Agent Name		
Provider Agent Contact Name	Telephone Number	Telephone Number Extension
Email Address	Fax Number	

ERA RETRIEVAL INFORMATION

PREFERENCE FOR AGGREGATION OF REMITTANCE DATA (E.G. ACCOUNT NUMBER LINKAGE TO PROVIDER IDENTIFIER)

☐ Provider Tax Identification Number (TIN)   ☒ National Provider Identifier (NPI)

Method of Retrieval
☐ CORE Web Service ☐ MyFileGateway ☐ SFTP – Trading Partner hosted
☐ SFTP – BCBSAZ hosted ☐ FTP – Trading Partner hosted ☐ FTPS – Trading Partner hosted

ERA CLEARINGHOUSE INFORMATION

Clearinghouse Name	Clearinghouse Contact Name
Telephone Number	Email Address

ERA VENDOR INFORMATION

Vendor Name

ENROLLMENT SUBMISSION/AUTHORIZATION

Reason for Submission
☐ New Enrollment ☐ Change Enrollment ☐ Cancel Enrollment

PLEASE NOTE: Provider needs to contact their Financial Institution to arrange for secure delivery of the Automated Clearing House (ACH) Payment Related Information for all Corporate Credit or Debit with Addenda Record (CCD+) EFT payments (Electronic Funds Transfer) to enable reassociation with ERAs.

AUTHORIZED SIGNATURE

Electronic Signature of Person Submitting Enrollment	Written Signature of Person Submitting Enrollment
Printed Name of Person Submitting Enrollment	Printed Title of Person Submitting Enrollment

Submission Date   /   /

SUBMIT BY EMAIL

A. **Supply the provider name.**

B. **Supply your Federal Tax ID number and National Provider Identifier (NPI).**

C. **Supply the provider contact name, telephone number and email address.**

D. **Supply the name of the Clearinghouse used for ERA transaction.**

E. **Please choose reason for submission, sign (either written or electronic), print your name and submission date.**

F. **Reminder - If you are also enrolling in EFT, you must contact your Financial Institution to arrange for secure delivery of the ACH Payment Related Information for all CCD+ EFT payments to enable reassociation with ERAs.**

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