

Electronic Remittance Advice (ERA) Enrollment Form
Health Care Service Corporation (HCSC) Plans
Blue Cross Blue Shield of Illinois, Oklahoma, New Mexico, and Texas

Availity supports the exchange of electronic remittances for various payers in the ASC X12 835, version 4010A1 format.

The enrollment process establishes an electronic mailbox where we will place the electronic remittance file(s) received from payer(s). The Provider Tax ID is a requirement to establish an ERA Receiver mailbox and will also be used to parse remittance transactions from the various payers. The assigned electronic ERA Receiver ID and password will be returned via fax to the contact and fax number provided on the enrollment form.

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

Once in production, a letter will be required on the provider's letterhead if a change is requested. If you have any questions regarding the enrollment process you may contact the EDI Helpline at 877.334.8446.

Attention: The paper remittance statement currently provided by your HCSC Blue Cross Blue Shield Plan(s) will be suspended 30 days from the date you begin receiving the Electronic Remittance Advice (ERA) files.

Electronic Remittance Advice (ERA) Enrollment

Change or Add a New ERA Account (Select one)	
CHANGE to ERA Receiver ID	
Add New Payer to ERA Account	
Change ERA Account Information	
Delete ERA Account	
ADD New ERA Receiver ID	
Create New ERA Account	

Indicate who will receive the file:	<input type="checkbox"/> Provider	<input type="checkbox"/> Billing Service	<input type="checkbox"/> Clearinghouse
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Availability User ID (Required)	_____		
Receiver Name	_____		
Receiver Address	_____		
City	State	Zip	
Contact Name	Tel.		_____
Email Address	Fax		_____
Vendor Name/ID (if applicable)	_____		

Payer Name	Payer ID (see Payer List)	Provider Tax ID	BCBS Provider #	National Provider ID (NPI)	Regence Legacy ID

Provider Name (print)	_____		
Provider Address	_____		
City	State	Zip	
Provider Signature	Date		_____

Please return this form to: **Availity, L.L.C.**
P.O. Box 833905
Richardson, TX 75098-3905

Or fax to: **972.383.6450**