



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms  
10/14/2011 (IE)

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## Blue Cross Blue Shield - ALABAMA Enrollment Instructions – Professional Claims & ERA

- ✓ **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. 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. Place in a file that can be easily referred to, in case you need to follow up on your request.

**FAX COMPLETED FORMS TO-**  
EDI Services, 205-733-7362

### 837- CLAIMS Initial Provider Enrollment (New) or (Change of Service)

If the provider has NOT submitted electronic claims to this payer before, or if the provider wishes to request a CHANGE of SERVICE to authorize Practice Insight to submit claims and/or retrieve ERAs (electronic remits), **All Rendering Providers** must complete and submit this form:

1. **BCBS of Alabama EDI Enrollment Request for Existing Submitter ID** (2 pages, signature needed)  
Section I – Complete with the group information, e.g, practice or facility name.  
Section IV – List ALL of the individual providers (rendering provider names, NPI #, Tax ID #) who will be sending claims under this billing group. Page 2 is optional and is to be used in case more room is needed to list additional providers. Authorized Representative of Provider Signature Required (bottom of Page 1).

**NOTE:** EDI Enrollment is required any time additional provider(s) are added to the BCBS AL billing group.  
See edi enrollment form to “**Add Provider(s) To Existing BCBS AL EDI Billing Group**”.

### 835- ERAS Electronic Remittance Request (New) or (Change of Service)

If the provider has never registered for ERA files -Or if the provider currently receives 835 ERA files and wishes to authorize Practice Insight to retrieve their 835 ERA files, the billing provider must complete this form:

1. **BCBS of Alabama Request EDI Enrollment Request for Electronic Remittance (835) Files** (1 page)  
Section I and IV – Complete with the Billing Provider’s (Payee) information.  
Authorized Representative of Provider Signature Required.

**NOTE:** ONE 835/ERA ENROLLMENT FORM REQUIRED PER TAX ID/BILLING NPI COMBINATION.  
Additional ERA Enrollment is NOT required when adding a provider to a billing group.

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## ALLOW 2-4 WEEKS FOR PROCESSING

*If you do not receive confirmation of enrollment within 30 days after submitting this request, contact your EDI support vendor or reseller for assistance.  
Or, you can call BCBS Services EDI at 1-205-220-6899.*



Existing Submitter ID:

[Empty box for Existing Submitter ID]

Section I.

PRACTICE/FACILITY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Section II.

VENDOR/CLEARINGHOUSE NAME: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_ BLUE CROSS VENDOR ID: \_\_\_\_\_

Section III.

Indicate the requested transaction(s):  837 – claim (batch)  
 270/276/278 –eligibility, claim status, and referral (real-time)

Section IV. (Continue provider list onto page 2 if additional space is needed.)

NAME OF PROVIDER	PROVIDER NPI	TAX ID

Blue Cross will assign provider passwords and forward to the vendor.

Completed form(s) should be faxed to EDI Services at 205 733-7362 or emailed to [EDIEnrollment@bcbsal.org](mailto:EDIEnrollment@bcbsal.org).

The undersigned hereby:

- Represents and warrants that he or she has full power and authority to execute this agreement on behalf of the health care provider identified in Section I (Provider) and to bind the Provider to the terms and conditions of this agreement;
- Authorizes Blue Cross and Blue Shield of Alabama (BCBSAL) (1) to disclose protected health information to the business associate identified in Section II (Business Associate); and (2) to return Provider passwords to Business Associate;
- Agrees to notify BCBSAL if the Business Associate changes;
- Agrees that Provider will be responsible for all electronic transactions submitted to BCBSAL by Provider, its employees, and its agents;
- Agrees that BCBSAL has the right to audit and confirm information submitted by or on behalf of Provider and shall have access to all original source documents and medical records related to Provider's submissions. All incorrect payments shall be adjusted in accordance with BCBSAL guidelines;
- Agrees that Provider will use sufficient security procedures to ensure that all transmissions of documents are authorized and protect all data from improper access; and
- Agrees to establish and maintain procedures and controls so that information concerning Blue Cross subscribers, or any information obtained from Blue Cross, shall not be used by agents, officers, or employees of the billing service except as provided by Blue Cross.

\_\_\_\_\_  
Authorized Representative of Provider

\_\_\_\_\_  
Date





**Section I:**

PRACTICE/FACILITY NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Section II:**

835 VENDOR/CLEARINGHOUSE NAME: \_\_\_\_\_  
 CONTACT NAME: \_\_\_\_\_ BLUE CROSS VENDOR ID: \_\_\_\_\_

**Section III:**

Electronic Remittance Notices are formatted in the mandated HIPAA version and will be uploaded by Blue Cross to the specified FTP directory each Monday for the following Thursday's payment. Remittance files are purged from the FTP server after 45 days.

<p style="text-align: center;"><b><u>Required Information</u></b></p> <p>Indicate the FTP directory where 835 remittance files should be delivered: <input style="width: 150px; height: 20px;" type="text"/></p> <p>Indicate the applicable line of business:  <input type="checkbox"/> Institutional    <input type="checkbox"/> Professional/Dental</p>	<p style="text-align: center;"><b><u>Optional Information</u></b></p> <p><input type="checkbox"/> Check here if a dial-up connection is needed.</p> <p><i>NOTE: A dial-up connection is not required if the FTP server is accessed through the internet or a frame relay connection.</i></p>
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**Section IV:**

PRACTICE/FACILITY NAME	PAYEE NPI* (NPI receiving payment)	TAX ID

**\*The Payee NPI will be the group NPI if the provider is part of a group or the individual NPI if the provider is a sole practitioner.**  
**NOTE: If the provider is part of a group, it is not necessary to enroll the Payee NPI/tax ID combination more than once. All providers will be included in the 835 remittance file if they are associated with the Payee NPI/tax ID combination listed in Section IV.**

Completed form should be faxed to EDI Services at 205 733-7362 or emailed to [EDIEnrollment@bcbsal.org](mailto:EDIEnrollment@bcbsal.org).

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\_\_\_\_\_  
 Authorized Representative of Provider

\_\_\_\_\_  
 Date