



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms.
01/06/11 (FE, IE)

BCBS Arizona 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 EDI customer account setup.
- ✓ **Make sure all required information is complete and accurate.** Recheck to make sure provider ID #s are valid. Invalid or 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. Keep a copy of the submitted paperwork, in case you need to follow up on your request.

**FAX Completed forms to:
BCBS Arizona EDI
602-864-3135**

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

No edi enrollment requirement for submitting electronic claims

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

Providers who wish to receive BCBS Arizona ERA files via Practice Insight must first be sending claims before the payer will complete ERA registration.

1. 835 ERA Customer Information Sheet
2. 835 Acknowledgement

ALLOW 2-4 WEEKS FOR PROCESSING

If it has been over 30 days since request was submitted and you have not yet received confirmation of enrollment, contact your reseller or software support vendor for assistance or call BCBS Arizona edi dept at 1-800-650-5656.

835 ERA Customer Information Sheet

Connectivity Type:

Existing Connection? Yes No Existing Type: SFTP

- FTP Batch Only
 Socket to Socket RealTime Only
 MQ Series Batch RealTime Both
 Tumbleweed Batch Only

New Customer Existing Customer Sender ID 8682H

ERA RECEIVER INFORMATION:

Receiver Name: PRACTICE INSIGHT

Physical Address: 2 E. Greenway Plaza, Ste. 1030 City: Houston State: TX Zip: 77046

Mailing Address: 2 E. Greenway Plaza, Ste. 1030 City: Houston State: TX Zip: 77046

ERA Contact Name: Enrollment Dept. Alt. Contact: Processing Dept.

Contact Phone Number: (713) 333-6000 Fax Number: (713) 333-6006

Contact E-mail Address: enrollment@practiceinsight.net

****Please Note: Once in production for the 835, Blue Cross Blue Shield of AZ will no longer issue paper remittance advice.***

Physician or Facility Name: _____

Tax ID Number: _____

NPI: _____ Organizational NPI: (if you receive a group remit) _____

For Internal Use Only

Provider/Group P#: _____ Claims Pay to ID: _____ Pay To P G S

Tax ID Number to be added to the CFR Provider Tax ID Table Y N

Physician or Facility Name: _____

Tax ID Number: _____

NPI: _____ Organizational NPI: (if you receive a group remit) _____

For Internal Use Only

Provider/Group P#: _____ Claims Pay to ID: _____ Pay To P G S

Tax ID Number to be added to the CFR Provider Tax ID Table Y N

Physician or Facility Name: _____

Tax ID Number: _____

NPI: _____ Organizational NPI: (if you receive a group remit) _____

For Internal Use Only

Provider/Group P#: _____ Claims Pay to ID: _____ Pay To P G S

Tax ID Number to be added to the CFR Provider Tax ID Table Y N

835 ERA Customer Information Sheet

Additional Provider Forms

Physician or Facility Name: _____

Tax ID Number: _____

NPI: _____ Organizational NPI: (if you receive a group remit) _____

For Internal Use Only

Provider/Group P#: _____ Claims Pay to ID: _____ Pay To P G S

Tax ID Number to be added to the CFR Provider Tax ID Table Y N

Physician or Facility Name: _____

Tax ID Number: _____

NPI: _____ Organizational NPI: (if you receive a group remit) _____

For Internal Use Only

Provider/Group P#: _____ Claims Pay to ID: _____ Pay To P G S

Tax ID Number to be added to the CFR Provider Tax ID Table Y N

Physician or Facility Name: _____

Tax ID Number: _____

NPI: _____ Organizational NPI: (if you receive a group remit) _____

For Internal Use Only

Provider/Group P#: _____ Claims Pay to ID: _____ Pay To P G S

Tax ID Number to be added to the CFR Provider Tax ID Table Y N

Physician or Facility Name: _____

Tax ID Number: _____

NPI: _____ Organizational NPI: (if you receive a group remit) _____

For Internal Use Only

Provider/Group P#: _____ Claims Pay to ID: _____ Pay To P G S

Tax ID Number to be added to the CFR Provider Tax ID Table Y N

Physician or Facility Name: _____

Tax ID Number: _____

NPI: _____ Organizational NPI: (if you receive a group remit) _____

For Internal Use Only

Provider/Group P#: _____ Claims Pay to ID: _____ Pay To P G S

Tax ID Number to be added to the CFR Provider Tax ID Table Y N

Physician or Facility Name: _____

Tax ID Number: _____

NPI: _____ Organizational NPI: (if you receive a group remit) _____

For Internal Use Only

Provider/Group P#: _____ Claims Pay to ID: _____ Pay To P G S

Tax ID Number to be added to the CFR Provider Tax ID Table Y N

835 Acknowledgement

I acknowledge that **Practice Insight** will be picking up my *835-Electronic Remittance Advice* with eSolutions, a division of Blue Cross Blue Shield of Arizona. **Practice Insight** has completed initial 835 testing with BCBSAZ and will not be offering individual testing.

Once in production, I will no longer receive a Blue Cross Blue Shield of Arizona (BCBSAZ) paper Remittance Advice. _____ (*initial here*)

NAME OF PROVIDER/SITE

SIGNATURE

DATE

MAILING ADDRESS

CITY, STATE, ZIP CODE

CONTACT PERSON E-MAIL

PROVIDER TAX ID/SOCIAL SECURITY

PROVIDER CONTACT PERSON

PROVIDER PHONE NUMBER

PROVIDER MAILING ADDRESS

PROVIDER CITY, STATE, ZIP CODE

NPI

ORGANIZATIONAL NPI (if group remits)

Practice Insight

NAME OF BILLING SERVICE/ CLEARINGHOUSE

NAME OF PRACTICE MANAGEMENT SYSTEM VENDOR

MY SYSTEM PROVIDES AN 835 POSTING MODULE PROVIDED BY ABOVE NAMED VENDOR

- YES
- NO

MY SYSTEM PROVIDES AN 835 PRINT TOOL

- YES
- NO

Please sign form and return to eSolutions immediately. This form must be received prior receiving the 835 Electronic Remittance Advice.