Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms.
10/5/2011 (FE,IE)
https://www.blueshieldca.com/provider/guidelines/guidelines.jhtml

Blue Shield - CALIFORNIA
Enrollment Instructions – Professional Claims & ERA

- ✓ **BEFORE enrolling, you MUST have a Practice Insight EDI customer account # with billing provider record.** Please contact your EDI solutions reseller to confirm your EDI account setup.
- ✓ **Make sure all required information is complete and accurate.** In particular, make sure provider IDs 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 should need to follow up on the edi enrollment request.

FAX COMPLETED FORMS TO-
Blue Shield of California, 530-351-6150

837-CLAIMS Billing 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)

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 provider must complete this form:

1. Blue Shield of CA – Provider Authorization Form (1-page)
   Enter billing provider group information, e.g, group name, tax ID #, group NPI #, etc. Enter individual provider information only if provider is not billing as part of a group, e.g, for individual provider billing "solo".

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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 Blue Shield California edi dept at 1-800-480-1221.

blue of california

Provider Authorization Form

Release of Electronic Remittance Advice (ERA) to a Third Party and/or
Electronic Funds Transfer (EFT) Information

Provider Information for ERA		
Provider name:		
Tax ID Number(s):		
NPI(s) (National Provider Identification):		
Physical address:		
City:	State:	Zip:
Telephone:	Fax:	
Primary contact name:		
Email Address:		

Third Party Information for ERA			
Third Party authorized to receive 835: Practice Insight, LLC		submitter ID# 161622439	
Address: 1 Greenway Plaza, Suite 350			
City: Houston		State: TX	Zip: 77046
Telephone: (713) 333-6000 Opt 2	Fax: (713) 333-0138	Email: enrollment@practiceinsight.net	
Billing service technical contact name: Donna Anderson-Enrollment, Rachael Manning- Processing			

Bank Information for EFT Transmittal	
Bank name:	Branch phone:
Branch address:	
Administrative contact:	Contact phone:
American bankers association (ABA) number	Account number
Please attach a copy of a voided check for bank routing numbers and account information. Deposits slips may not contain bank routing numbers.	

Authorized Signature	
Signature:	Print name:
Title:	Date:

This form will certify that the Third Party named above is authorized to receive the provider electronic remittance advice (also known as the 835) for the provider listed.

Unless Blue Shield of California authorizes an extension, we will discontinue hard-copy remittance advice forty-five (45) days from the date of the first ERA file transfer.

Electronic Fund Transfer (EFT) requestors must be established Electronic Remittance Advice (ERA) recipients with Blue Shield or agree to use online Explanation of Benefit (EOB) retrieval to qualify for EFT.

The provider is responsible to notify Blue Shield of California if there are any changes authorizing this Third Party to receive the electronic remittance advice or change in the account information for electronic funds transfer.

Fax to: Attention: eBusiness Data Exchange at (530) 351-6150

Mail to: eBusiness Data Exchange
4700 Bechelli Lane
Redding, CA 96002