



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms
07/22/2011 (IE,FE)

Blue Cross Blue Shield - CONNECTICUT (ANTHEM EAST) **(Includes: BlueCard, Federal Employees, BCBS 65 Medicare Supplement)** **Enrollment Instructions – Professional/Institutional ERA only**

- ✓ **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 provider numbers to be sure they are valid and accurate. 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 completed request in case you should need to resubmit.

**FAX COMPLETED REQUEST FORM
AND TOP COPY OF PAPER EOB(s) TO-
ANTHEM BCBS - EAST REGION EDI
207-822-7333**

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

No enrollment required.

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

If the provider wishes to authorize Practice Insight to retrieve their 835 ERA files, this form must be completed for each billing provider group and/or any individual provider(s) billing solo.

1. Anthem Blue Cross and Blue Shield-Northeast EDI Registration Form 835 Electronic Remittance Advice (1 page)

SEE Type of Request Put ✓ for either:

"Initial Setup" - If this is the first time that ERAs are being setup for the billing provider.

"Maintenance" – If the billing provider is already receiving ERAs, and this is a change of service for ERAs.

SEE Table

ENTER **Name of Provider/Organization** (billing provider group or individual provider billing solo).

ENTER **Tax ID #, NPI #, and Payee ID** for the Billing Provider Group or Individual.

Put ✓ in column for each Line of Business the provider bills.

IMPORTANT: A copy of the top portion of a paper EOB for EACH BILLING PROVIDER LISTED, and for EACH LINE OF BUSINESS selected should be submitted with this request form.

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 Anthem BCBS EDI at 1-800-334-8262.

