



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms
3/24/11(FE,IE)

**Blue Cross Blue Shield - MAINE
Anthem East
Enrollment Instructions – Professional 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 FORMS TO-
ANTHEM BCBS, EAST REGION EDI
207-822-7333**

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

No enrollment, no forms necessary.

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.

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

SEE TABLE -- **Lower section of Page 1**

PLACE ✓ for "**Type of Request**" under the appropriate column--

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

"**Addition**" - If the billing provider is already receiving ERAs, and this is a change of service for ERAs.

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

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

Use additional lines, to enroll any additional billing provider groups or individuals. When entering additional billing providers, be sure to put ✓ for "**Type of Request**", as well as "**Line of Business**", e.g, Blue Shield and "**State**", e.g, Maine,

IMPORTANT: A copy of top portion of paper remittance for each billing provider must be submitted to Anthem BCBS with this enrollment 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 your reseller or software support vendor for assistance or call Anthem BCBS edi dept at 1-800-334-8262.

