



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms  
7/26/2011 (IE, NE)

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## Blue Cross Blue Shield - NEW HAMPSHIRE Anthem East Enrollment Instructions – Professional Claims and 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 provider numbers to be sure they are valid and accurate. Invalid or incorrect provider IDs will cause the enrollment to be delayed or rejected.
- ✓ **Keep 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 follow up or resubmit.

**FAX COMPLETED REQUEST FORM TO-  
ANTHEM BCBS, EAST REGION EDI  
207-822-7333**

### **837-CLAIMS Initial Provider Enrollment (New) or Re-Enrollment (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.

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. New Hampshire,

**IMPORTANT: A copy of top portion of paper remittance for each billing provider must be submitted to Anthem BCBS with this enrollment request form.**

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

