



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms
4/29/11 (IE, NF)

Regence Blue Shield Oregon Availity (00851)

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 FORMS TO-
Availity, 972-383-6450

837 - Initial Provider Enrollment and Re-Enrollment (Change of Service)

No claims enrollment necessary.

835- ERAs Electronic Remittance Request (New)

If the provider wishes to authorize Practice Insight to retrieve 835 ERA files, the provider must complete this form:

1. Availity Electronic Remittance Advice (ERA) Enrollment

835- ERAs Electronic Remittance Request (Change)

If the provider wishes to authorize Practice Insight to retrieve 835 ERA files, the provider must:

1. Availity Electronic Remittance Advice (ERA) Enrollment
2. Letter from provider authorizing CHANGE to ERA receiver—see sample letter attached.

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.

Electronic Remittance Advice (ERA) Enrollment

Change or Add a New ERA Account	(Select one)
CHANGE to ERA Receiver ID:	
Add New Payer to ERA Account	
Change ERA Account Information	
Delete ERA Account	
ADD New ERA Receiver ID	
Create New ERA Account	

Indicate who will receive the file:	Provider	Billing Service	Clearinghouse
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Availity User ID (Required)		
Receiver Name		
Receiver Address		
City	State	Zip
Contact Name	Telephone	
Email Address	Fax	
Vendor Name/ID (if Applicable)		

Payer Name	Payer ID (see health plan list)	Provider Tax ID	BCBS Provider #	National Provider ID (NPI)	Regence Legacy ID

Provider Name (print)		
Provider Address		
City	State	Zip
Provider Signature		Date

Disclaimer: This signature must be that of an individual who is authorized to sign documents for the practice requesting this 835 enrollment.

Please return this form to:

Availity
PO Box 833905
Richardson, TX 75098-3905

Or fax to: 972.383.6450

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(SAMPLE LETTER - Type on Provider's Letterhead)

Date

Availity / THIN
EDI Enrollment
PO Box 833905
Richardson TX 75098-3905

Dear EDI Enrollment,

The following providers wish to authorize **Practice Insight** to retrieve ERA Files from BSOR (00851):

Practice Insight Gen Key #0013797
 Availity User ID# H4895
 ERA Receiver # E59560

Billing Providers:

(Provider's name) (Provider's PIN#) (Provider's NPI)

Please delete the ERA authorization for these provider numbers from our previous service bureau, (*fill in name here*).

Thank you for your attention to this matter.

Sincerely,

(Provider's signature)

(Provider's name)