



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms  
8/18/2011 (IE, FE)  
<https://www.capbluecross.com/>

---

## Capital Blue Cross (CAPBC) 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.

**MAIL COMPLETED FORMS TO-**  
Capital Blue Cross  
ATTN: Georganna Lerch  
2500 Elmerton Avenue  
Harrisburg, PA 17177-3631

### **837-CLAIMS Initial Provider Enrollment (New) or Re-Enrollment (Change of Service)**

If the provider has NOT submitted claims electronically to this payer or if the provider HAS SUBMITTED electronic claims to this payer VIA ANOTHER CLEARINGHOUSE, and they now want to submit via Practice Insight, the provider must complete this form:

#### **Capital Blue Cross/Capital Advantage Insurance Company (EDI) Designation Form (1 page)**

**SEE top of form –**

ENTER Provider Name (billing provider group name or individual provider name, if billing solo).

**Optional for 835-ERAs-**

PUT ✓ next to "*Receive Electronic Remittance Advice via HIPAA Compliant ANSI 35*"

**SEE bottom of form—**

Authorized signature from Provider's office required, with Signer's Name, Title, Date, etc.

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

If the provider wishes to authorize Practice Insight to retrieve 835 ERA files, the provider can use the same form described above for 837-Claims.

---

## **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 Capital Blue Cross EDI Provider Automation at 1-800-874-8433 or send an email inquiry to [provider.automation@capbluecross.com](mailto:provider.automation@capbluecross.com).*

**Capital BlueCross/Capital Advantage Insurance Company  
Electronic Data Interchange (EDI)  
Agent Designation Form**

This is to advise Capital Blue Cross and its wholly owned affiliates that

\_\_\_\_\_  
(Provider Name) has appointed

\_\_\_\_\_  
(Agent Name) as our agent for the following purposes:

**(Please, check all that apply for Capital Blue Cross purposes):**

- Submission of Professional claims via HIPAA Compliant ANSI 837version 4010
- Submission of HIPAA compliant ANSI 270/271 (Eligibility) transactions
- Submission of HIPAA compliant ANSI 276/277 (Claim Status) transactions
- Receive Electronic Remittance Advice via HIPAA Compliant ANSI 835
- Submission of HIPAA compliant ANSI 278 (Health Services Review) transactions
- Other (Describe below)

**Description of Agency – What will the Agent do on behalf of the Provider?**

Purposes: \_\_\_\_\_  
\_\_\_\_\_

List Provider Numbers Covered by this Agency Agreement:

\_\_\_\_\_  
\_\_\_\_\_

Capital BlueCross is authorized to treat the Agent as though it was the Provider for the purposes noted above.

The Provider understands that Capital BlueCross will be relying on this representation for claims processing purposes and for purposes of releasing confidential information. Provider confirms that the Agent has signed a written agreement pursuant to which it has agreed to treat any information that it receives from Capital BlueCross as confidential, and in accordance with all applicable laws and regulations.

Further, in consideration of Capital BlueCross' acceptance of the Agent, the Provider agrees that it will indemnify and hold Capital BlueCross harmless for any and all damages, claims and expenses that Capital BlueCross may incur or that may be asserted against Capital BlueCross as a result of the negligent or intentional actions of the Agent in carrying out its duties in connection with the purposes noted above.

Capital BlueCross shall be entitled to rely on this letter until revoked in writing.

Provider understands that Capital BlueCross reserves the right to modify its policies relating to the release of confidential information, including the release of subscriber information to providers or their agents, at any time.

**SIGNATURE:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_  
(Must be an Officer of the Provider)

**PRINT NAME:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_