
Blue Shield (Regence) – Washington Availity (00932) 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 FORMS TO-
Availity, 972-383-6450

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

No edi enrollment or paperwork necessary to submit electronic claims.

835 - ERAs Electronic Remittance Request (New)

1. Availity/THIN Electronic Remittance Advice (ERA) Enrollment

835 - ERAs Electronic Remittance Request (Change of Service)

1. Availity/Thin Electronic Remittance Advice (ERA) Enrollment
2. Letter from provider authorizing CHANGE to ERA receiver. See sample letter on last page of this set of forms.

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 Support Vendor. PI Resellers or Support Vendors may contact Practice Insight Enrollment Department.

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 **BCBS Texas** ERA files:

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

Billing Providers:

(provider 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 name)