

WHICH FORMS SHOULD I COMPLETE?

- [EDI Enrollment Form](#)
 - o Complete Section I with Provider Information
 - o Complete Section IV – Electronic Transmission Acknowledgement

WHERE SHOULD I SEND THE FORM(S)?

- Email to eBusiness_service@BCBST.com; or
- Fax the form to (423-535-7523)

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 15-30 Business Days.

HOW DO I CHECK STATUS?

- Approval notices will be sent directly to the provider's office. To check the status, you may contact the payer at 800-924-7141 to ask if your Provider ID has been linked to Office Ally (**330897513**).
- **Once you receive confirmation that you have been linked to Office Ally, you MUST email payerenrollment@officeally.com PRIOR to submitting claims electronically.**
 - o Email Subject: BCBS TN/TennCare/Medicaid Tennessee (00890) – EDI Approval
 - o Body of Email: Please log my EDI approval for BCBSTN/Medicaid Tennessee:
 - Provider Name
 - Provider NPI
 - Provider TIN:
 - Medicaid Provider ID (if applicable):