



AVAILITY ERA ENROLLMENT FORM

Email this form to enrollmentadmin@officeally.com. The Email Subject should read: Availity ERA Enrollment. Please make sure to print legibly and to complete this form in its entirety. You risk delaying enrollment if the application is unreadable or incomplete. All fields in **bold** are **required**.

PROVIDER INFORMATION

Provider Name:

Provider Address:

City:

State:

Zip:

PROVIDER IDENTIFIERS INFORMATION

**Provider Federal Tax Identification Number
Employer Identification Number (EIN):**

National Provider Identifier (NPI):

PROVIDER CONTACT INFORMATION

Contact Name:

Telephone Number/Extension:

Email Address:

Fax Number:

ELECTRONIC REMITTANCE ADVICE INFORMATION (CHECK ONLY ONE)

Preference for Aggregation of Remittance Data: (i.e. Account Number Linkage to Provider Identifier) Note: Provider Preference for grouping (bulking) claim payment advice must match preference for EFT payment (i.e. Billing Provider). Choose and fill in only **one**.

Provider Federal Tax Identification Number (TIN):

National Provider Identifier (NPI):

SUBMISSION INFORMATION

Reason for Submission:

Authorized Signature:

Note: Electronic Signature (Typed Name) of Person Submitting ERA Enrollment.

Continue to Page 2 for payer selection.

This form can be used to enroll for ERAs from any of the following payers. Check all that apply.

| PAYER ID | PAYER NAME | PAYER ID | PAYER NAME |
|-----------------|----------------------------------|-----------------|---|
| 26375 | Amerigroup | COCHA | Colorado Community Health Alliance |
| 93221 | Asuris Northwest Health Plan | 59064 | Community Care Plan (Commercial) |
| 00050 | BCBS of Colorado | 59065 | Community Care Plan (Medicaid) |
| 00060 | BCBS of Connecticut | CHPWA | Community Health Plan of WA |
| 00601 | BCBS of Georgia | 00803 | Empire BCBS New York |
| 00630 | BCBS of Indiana | 94999 | Firstcare |
| 00660 | BCBS of Kentucky | 94998 | Firstcare Medicaid |
| 00680 | BCBS of Maine | 66004 | Health Economic Livelihood Partnership (HELP) |
| 00241 | BCBS of Missouri | 45341 | Maine Community Health Options |
| 00770 | BCBS of New Hampshire | MNDH1 | Minnesota Department of Health |
| 00265 | BCBS of Nevada | 00851 | Regence BCBS of Oregon |
| 55891 | BCBS of North Dakota (00820) | 00910 | Regence BCBS of Utah |
| 00834 | BCBS of Ohio | 00611 | Regence Blue Shield of Idaho |
| 00423 | BCBS of Virginia (00923) | 00932 | Regence Blue Shield of WA |
| 00950 | BCBS of Wisconsin | 80314 | Unicare |
| 53767 | BCBS of Wyoming (00960) | USFHP | US Family Health Plan |
| 00403 | Blue Choice SC (Medicaid) | VPEP1 | Virginia Premier Elite Plus |
| 47198 | Blue Cross of California (BC001) | | |
| BRIDG | BridgeSpan | | |
| 11345 | Carecentrix | | |