



# AVAILITY ERA ENROLLMENT FORM

Email this form to [enrollmentadmin@officeally.com](mailto: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:**

## LEGACY ID(S)

**Legacy ID:** (i.e. Secondary Provider Identification assigned by the payer) This section is only required if you are enrolling for Amerigroup or COCHA. If you are unsure of your Legacy ID, please contact the payer(s) prior to filling in the form.

Amerigroup (26375) Legacy ID:

Colorado Community Health Alliance (COCHA) Legacy ID:

## SUBMISSION INFORMATION

**Reason for Submission:**

**Authorized Signature:**

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

**Continue to Page 2 for payer selection.**

**Please select those payers you wish to receive ERAs from ONLY.**

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

<b>Payer ID</b>	<b>Payer Name</b>	<b>Payer ID</b>	<b>Payer Name</b>
26375	Amerigroup (Legacy ID required)	11345	Carecentrix
93221	Asuris Northwest Health Plan	COCHA	Colorado Community Health Alliance (Legacy ID required)
AVA01	Avalon Healthcare Solutions SC	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	37363	ComPsych
00630	BCBS of Indiana	00803	Empire BCBS New York
00660	BCBS of Kentucky	94999	Firstcare
00680	BCBS of Maine	94998	Firstcare Medicaid
00241	BCBS of Missouri	66004	Health Economic Livelihood Partnership (HELP)
00770	BCBS of New Hampshire	45341	Maine Community Health Options
00265	BCBS of Nevada	MNDH1	Minnesota Department of Health
55891	BCBS of North Dakota (00820)	00851	Regence BCBS of Oregon
00834	BCBS of Ohio	00910	Regence BCBS of Utah
00423	BCBS of Virginia (00923)	00611	Regence Blue Shield of Idaho
00950	BCBS of Wisconsin	00932	Regence Blue Shield of WA
53767	BCBS of Wyoming (00960)	80314	Unicare
00403	Blue Choice SC (Medicaid)	USFHP	US Family Health Plan
47198	Blue Cross of California (BC001)	VPEP1	Virginia Premier Elite Plus
BRIDG	BridgeSpan	VPELT	Virginia Premier Elite