

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	59064	Community Care Plan (Commercial)
93221	Asuris Northwest Health Plan	59065	Community Care Plan (Medicaid)
00050	BCBS of Colorado	CHPWA	Community Health Of WA
00060	BCBS of Connecticut	00803	Empire BCBS New York
00601	BCBS of Georgia	94999	Firstcare
00630	BCBS of Indiana	94998	Firstcare Medicaid
00660	BCBS of Kentucky	66004	Health Economic Livelihood Partnership (HELP)
00680	BCBS of Maine	MNDH1	Minnesota Department of Health
00241	BCBS of Missouri	00851	Regence BCBS of Oregon
00770	BCBS of New Hampshire	00910	Regence BCBS of Utah
00265	BCBS of Nevada	00611	Regence Blue Shield of Idaho
55891	BCBS of North Dakota (00820)	00932	Regence Blue Shield of Washington
00834	BCBS of Ohio	USFHP	US Family Plan
00423	BCBS of Virginia (00923)		
00950	BCBS of Wisconsin		
53767	BCBS of Wyoming (00960)		
00403	Blue Choice SC (Medicaid)		
47198	Blue Cross of California (BC001)		
00790	Blue Cross Community Centennial (MC721)		
BRIDG	BridgeSpan		