

# 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:**

## 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.**

<b>PAYER ID</b>	<b>PAYER NAME</b>	<b>PAYER ID</b>	<b>PAYER NAME</b>
26375	Amerigroup	11345	Carecentrix
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 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	MNDH1	Minnesota Department of Health
00770	BCBS of New Hampshire	00851	Regence BCBS of Oregon
00265	BCBS of Nevada	00910	Regence BCBS of Utah
55891	BCBS of North Dakota (00820)	00611	Regence Blue Shield of Idaho
00834	BCBS of Ohio	00932	Regence Blue Shield of Washington
00423	BCBS of Virginia (00923)	USFHP	US Family Plan
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		