



BCBS ARKANSAS (00520) ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- [Electronic Data Interchange Services Online Enrollment](#)
 - You must first register in order to receive a User ID and Password
 - Once logged in, authorize Availity (**Submitter ID: E0079**) to receive ERAs on your behalf
- **BCBS Arkansas ERA Enrollment Form**

WHERE SHOULD I SEND THE FORM(S)?

- The Electronic Data Interchange Services Enrollment is completed online
- Email the BCBS Arkansas ERA Enrollment Form to support@officeally.com

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 2-3 business days

HOW DO I CHECK STATUS?

- To check your online enrollment, email edi@arkbluecross.com or call (501) 378-2336 and ask if your Provider ID has been linked to Availity's Submitter ID **E0079**. Approvals are sent to Provider via email.
- To check on your BCBS Arkansas ERA enrollment form, email support@officeally.com.



BCBS ARKANSAS (00520) ERA ENROLLMENT FORM

Email this form to Support@officeally.com. The Email Subject should read: BCBS Arkansas 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:

Authorized Signature:

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