



BCBS OF FLORIDA (00590) ERA ENROLLMENT INSTRUCTIONS

WHAT FORM(S) SHOULD I DO?

- **Blue Cross Blue Shield of Florida ERA Enrollment Form**
 - **NOTE:** This form is emailed to Office Ally, not to BCBS FL

WHERE SHOULD I SEND THE FORM(S)?

- Email to Support@officeally.com
 - Make sure that the email subject is: BCBS FL ERA Enrollment

WHAT IS THE TURNAROUND TIME?

- Once Office Ally receives your **Blue Cross Blue Shield of Florida ERA Enrollment Form**, we will process the request within 24-48 hours.
 - **Note:** Incomplete forms will delay the enrollment process, every field is **required**.
- The time it takes ERAs to start coming through is dependent upon the payer. Generally, ERAs can take up to 30 days to begin coming through.

HOW DO I CHECK STATUS?

- Once you have been set up to receive Electronic Remittance Advice (ERA) you will receive a confirmation email from Office Ally.



BCBS OF FLORIDA ERA ENROLLMENT

In order to enroll to receive ERAs electronically from this payer, please fill out this form and return it via email to Support@officeally.com, the Email Subject should read: **BCBS FL ERA Enrollment**.

PROVIDER INFORMATION:

Provider Name:

Provider Address:

PROVIDER IDENTIFIERS INFORMATION:

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

National Provider Identifier (NPI):

BCBS Florida Provider Number:

PROVIDER CONTACT INFORMATION:

Provider Contact Name:

Telephone Number:

Email Address:

ELECTRONIC REMITTANCE ADVICE INFORMATION:

**Preference for Aggregation
Of Remittance Data:**

Note: Account Number Linkage to Provider Identifier. Must match preference for EFT payments.

SUBMISSION INFORMATION:

Reason for Submission:

Authorized Signature:

Note: Electronic Signature (typed name) of Person Submitting ERA Enrollment.