

**WHICH FORMS SHOULD I COMPLETE?**

- **Electronic Remittance Advice (ERA) Authorization Agreement** (Pg. 2)  
**NOTE:** Be sure to mark the reason for submission (New, Change, or Cancel)

**WHERE SHOULD I SEND THE FORM(S)?**

- Save the completed form and email to [EDIprodsup@bcbsnc.com](mailto:EDIprodsup@bcbsnc.com)

**WHAT IS THE TURNAROUND TIME?**

- Standard processing time is 5-10 business days

**HOW DO I CHECK STATUS?**

- To check status of your ERA enrollment send an email to [EDIprodsup@bcbsnc.com](mailto:EDIprodsup@bcbsnc.com) asking if your NPI and Tax ID have been linked to Office Ally for ERAs.

# Blue Cross and Blue Shield of North Carolina Electronic Remittance Advice (ERA) Authorization Agreement

Provider Information	
Provider Name	
Doing Business As Name (DBA)	
Provider Address	
Street	
City	
State/Province	
Zip Code/Postal Code	

Provider Identifiers Information	
Provider Federal Tax Identification Number (TIN) Or Employer Identification Number (EIN)	
National Provider Identifier (NPI)	

Provider Contact Information	
Provider Contact Name	
Title	
Telephone Number	
Telephone Number Extension	
Email Address	
Fax Number	

Electronic Remittance Advice Information	
National Provider Identifier (NPI)	
Method of Retrieval	
Direct	<input type="checkbox"/>
Clearinghouse	<input checked="" type="checkbox"/>

Electronic Remittance Advice Clearinghouse Information	
Clearinghouse Name	Office Ally, Inc
Clearinghouse Contact Name	Customer Service
Telephone Number	(360) 975-7000 Option 1
Email Address	payerenrollment@officeally.com

Electronic Remittance Advice Vendor Information	
Vendor Name	
Vendor Contact Name	
Telephone Number	
Email Address	

Submission Information	
Reason For Submission	
New Enrollment	<input type="checkbox"/>
Change Enrollment	<input type="checkbox"/>
Cancel Enrollment	<input type="checkbox"/>
Authorized Signature	
Electronic Signature	
Printed Title of Person Submitting Enrollment	
Submission Date	
Requested ERA Effective Date	

**Submit**