

WHICH FORMS SHOULD I COMPLETE?**ERA Enrollment Form for Providers Using a Clearinghouse (page 2-3)****WHERE SHOULD I SEND THE FORM(S)?**

- Email the Clearinghouse ERA Enrollment Form to edi.services@bcssc.com

HOW DO I CHECK STATUS?

- To check status of your ERA enrollment send an email to edi.services@bcssc.com asking if your ERAs have been linked to Office Ally's Submitter ID, **CGW0489CA3**.



**ERA ENROLLMENT FORM
FOR PROVIDERS USING A CLEARINGHOUSE**

Please return completed form to edi.services@bcbssc.com

I hereby authorize Office Ally to receive 835 Electronic Remittance Advices (ERAs) on my behalf. I am authorized to endorse this ERA enrollment form on behalf of my company. I acknowledge that it is my responsibility to notify BlueCross BlueShield of South Carolina in writing if I wish to change or revoke this authorization.

NOTE: Use Page 2 **only** if additional offices *under same Tax Id* will be receiving ERAs.

Fields marked with an asterisk (*) are required. Incomplete or illegible forms will be returned.

BILLING PROVIDER TAX ID NUMBER*	SUBMITTER ID NUMBER <i>(Internal BCBSSC Use Only)</i> CGW0489CA3
BILLING PROVIDER NPI NUMBER*	BILLING PROVIDER CONTACT NAME/TITLE <i>(Please Print)</i> *
BILLING PROVIDER NAME*	BILLING PROVIDER CONTACT SIGNATURE*
BILLING PROVIDER ADDRESS <i>(Cannot be P.O Box)</i> *	DATE*
BILLING PROVIDER CITY/STATE/ZIP*	BILLING PROVIDER PHONE NUMBER*
	BILLING PROVIDER EMAIL ADDRESS*
	CLEARINGHOUSE EMAIL ADDRESS (Optional) payeredirollment@officeally.com

For questions or concerns, contact BCBSSC EDI Services at edi.services@bcbssc.com

