

WHICH FORMS SHOULD I COMPLETE?

- BCBS of Tennessee Electronic Remittance Advice (ERA) Authorization Agreement

WHERE SHOULD I SEND THE FORM(S)?

- Email to ecomm_sysconfig@bcbst.com

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is up to 30 business days.

HOW DO I CHECK STATUS?

- If you have not started receiving your remittance files within the allotted turnaround timeframe, please email ecomm_sysconfig@bcbst.com to inquire on the status of your ERA enrollment to link to **Office Ally**.



BlueCross BlueShield of Tennessee
 1 Cameron Hill Circle
 CH1.4
 Chattanooga, TN 37402
 Phone: (800) 924-7141
 Fax: (423) 535-7523
 Email: ecomm_sysconfig@bcbst.com

Electronic Remittance Advice (ERA) Authorization Agreement

Provider Information

Please enter information about the practice or company that you wish to enroll.

Provider Name* ⓘ : _____

Doing Business as Name (DBA): _____

Provider Address

Street* ⓘ : _____ Ste, Flr, Bldg (Optional): _____

City* ⓘ : _____ State/Province* ⓘ : _____ ZIP/Postal Code* ⓘ : _____

Provider Identifiers Information

Provider Federal Tax Identification Number (TIN)* ⓘ : _____

TIN Type*: SSN EIN

National Provider Identifier (NPI)* ⓘ : _____

I'm NPI exempt

Provider Contact Information

This is the person in the provider's office that handles ERA/EFT business.

Provider Contact Name* ⓘ

First Name*: _____ Last Name*: _____

Title: _____

Telephone Number*: _____ Telephone Extension Number: _____

Email Address*: _____

Provider Agent Information

Do you use an outside billing agency as an authorized agent for your business?*

Yes No

Provider Agent Contact Name*

First Name*: _____ Last Name*: _____

Telephone Number*: _____ Telephone Extension Number: _____

Email Address*: _____

Method of Retrieval:

Clearinghouse Name:

Authorized Signature

I have authorization to submit this ERA request on behalf of the tax ID above.

Signature:

Appendix

Associated Information Bubbles/Descriptions

Name	Description
Provider Name	Complete legal name of institution, corporate entity, practice or individual provider.
Street	The number and street name where a person or organization can be found. This cannot be a PO Box.
City	City associate with provider address field
State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country
ZIP Code/Postal Code	System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities
Provider Federal Tax Identification Number (TIN)	A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity
National Provider Identifier (NPI)	A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about health care providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.
Provider Contact Name	Name of a contact in provider office for handling EFT/ERA issues.
Provider Agent Contact Name	Name of a contact in agent office for handling EFT/ERA issues.
Method of Retrieval	The method in which the provider will receive the ERA from the health plan.
Clearinghouse Name	Official name of the provider's clearinghouse.
Authorized Signature	The signature of an individual authorized by the provider or its agent to initiate, modify, or terminate an enrollment. May be used with electronic and paper-based manual enrollment.