

# BLUE CROSS BLUE SHIELD OF MINNESOTA (00720) ERA ENROLLMENT INSTRUCTIONS



## WHAT FORM(S) SHOULD I DO?

- BCBS Minnesota Enrollment Form

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

- Email the completed form to [Support@officeally.com](mailto:Support@officeally.com)
  - **Subject Line:** BCBS MN ERA Enrollment

## WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- Office Ally will process the request within 48 hours of receipt -- incomplete forms will delay the process.
- Unless notified that your request was denied, you will begin receiving ERA's after **10 - 15** business days of submitting the enrollment request.

# BLUE CROSS BLUE SHIELD OF MINNESOTA ENROLLMENT FORM



In order to receive ERAs from this payer, please fill out this form and return it via email to [Support@officeally.com](mailto:Support@officeally.com) The Email Subject should read: **BCBS MN ERA Enrollment.**

## CLAIMS INFORMATION:

**Format Submitted:**

## PROVIDER INFORMATION:

**Provider Name:**

**Provider Address:**

## PROVIDER IDENTIFIERS INFORMATION:

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

**National Provider Identifier (NPI):**

## 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 Enrollment.