

# BLUE CROSS BLUE SHIELD NORTH CAROLINA (SB810) ERA ENROLLMENT INSTRUCTIONS



## WHAT FORM(S) SHOULD I DO?

- Electronic Remittance Advice (ERA) Authorization Agreement
  - Be sure to mark the Reason for Submission (New, Change or Cancel).

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

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

**Note:** The submit button does not work in Chrome, but it is set to email the form to: [EDIprodsup@bcbsnc.com](mailto:EDIprodsup@bcbsnc.com)

## WHAT IS THE TURNAROUND TIME FOR ERA ENROLLMENT?

- Standard processing time is 5-10 business days.

## HOW DO I CHECK STATUS?

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

# Blue Cross and Blue Shield of North Carolina

## Electronic Remittance Advice (ERA) Authorization Agreement

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

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

<b>Provider Contact Information</b>	
Provider Contact Name	
Title	
Telephone Number	
Telephone Number Extension	
Email Address	
Fax Number	

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

<b>Electronic Remittance Advice Clearinghouse Information</b>	
Clearinghouse Name	
Clearinghouse Contact Name	
Telephone Number	
Email Address	

<b>Electronic Remittance Advice Vendor Information</b>	
Vendor Name	
Vendor Contact Name	
Telephone Number	
Email Address	

<b>Submission Information</b>	
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	