

# BLUE CROSS BLUE SHIELD RHODE ISLAND (00870) ERA ENROLLMENT INSTRUCTIONS



## WHAT FORM(S) SHOULD I DO?

- Activation Request Letter (template provided)
  - Requirement: You must print the letter on company letterhead

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

- Fax the letter to (401) 459-2099; or
- Email the letter to [ProvDB@bcbsri.org](mailto:ProvDB@bcbsri.org)

## WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- Standard processing time is 5 – 10 business days

## HOW DO I CHECK STATUS?

- Email BCBS at [ProvDB@bcbsri.org](mailto:ProvDB@bcbsri.org) and ask if you have been linked to Submitter ID **P0081751**.

BCBS Rhode Island,

Please activate the following provider for 835 transactions and link them to Office Ally (clearinghouse).

**Transaction(s):** Electronic Remittance Advice (835)

**Effective Date:**

**Clearinghouse Information:**

Clearinghouse Name: Office Ally  
Submitter ID: P0081751  
Contact Name: Customer Service  
Phone Number: (360) 975-7000 Option 1  
Email Address: [Support@officeally.com](mailto:Support@officeally.com)

**Provider Information:**

Contact Name:  
Phone Number:  
Email Address:

Provider Name:  
Provider NPI:  
Provider Tax ID:

**Provider Signature:**