

WHICH FORMS SHOULD I COMPLETE?

- Complete the **Carecentrix BCBS MI ERA Enrollment Form** (Pg. 2)

WHERE SHOULD I SEND THE FORM(S)?

- Email the **Carecentrix BCBS MI ERA Enrollment Form** to ERAITenrollment@CareCentrix.com AND Availity.ERA@OfficeAlly.com
 - o Please list the following as the **Subject Line** in your email: **Carecentrix BCBS MI (11349) ERA Enrollment - (Insert NPI)**
 - o You will receive an auto-generated email returning a case number for your submission to Availity.ERA@officeally.com. You will need this case number to follow up on status.

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 30 Business Days

HOW DO I CHECK STATUS?

- If you have not yet received your ERA files within the allotted timeframe, please reach out to Office Ally's Payer Enrollment team at PayerEnrollment@OfficeAlly.com. Be sure to reference the auto-generated Office Ally case number that was returned upon the submission of your request.



ERA ENROLLMENT FORM

1	Change or Add a New ERA (Please Select only one option from below)					
Add a new ERA			Change an Existing ERA			
<input type="checkbox"/>	Setup a new ERA account			<input type="checkbox"/>	Add New Billing Provider	
<input type="checkbox"/>	Delete my ERA account			<input type="checkbox"/>	Remove Existing Billing Provider	
2	Provider Organization					
Organization Name						
Location Address	Street					
	City		State		Zip	
Billing Tax ID		Billing NPI				
Rendering NPI (s)						
Remit Address	Street					
	City		State		Zip	
Provider Name		Signature				
Contact Name		Title				
Contact Email						
Contact phone		Ext				
3	Distribution Method					
Please indicate the EDI Clearinghouse Name						
4	Billing Providers					
<input type="checkbox"/> Please Check if adding more than one provider.						

- Complete and submit the ERA enrollment form to the below email address:
ERAITenrollment@CareCentrix.com
- All the fields of the form are mandatory.
- The enrollment form must be signed by an authorized personnel.