



Electronic Payments Enrollment Form Guide and Form



Please use this form to request that Blue Shield of California (Blue Shield) or Blue Shield of California Promise Health Plan (Blue Shield Promise), add or change account information for electronic funds transfer (EFT) and electronic remittance advice (ERA) on an established provider record. When the request has been processed, Blue Shield or Blue Shield Promise will send an email conformation.

Instructions

- Complete one application form per bank account with EFT and/or ERA information.
- Include an authorized signature on the request (practitioner, corporate officer, or an authorized manager).
- Attach the required documentation, as outlined below, and return this form to Blue Shield and/or Blue Shield Promise by faxing to **866-276-8456**.

Failure to provide the required documentation, or providing incomplete information, will delay completion of your enrollment.

Remittance Election Option

- Select one of the remittance elections below:
 - Trading Partner enrolled to receive 835 electronic remittances directly from Blue Shield / Blue Shield of California Promise Health Plan.
 - Authorize a third-party vendor/clearinghouse to receive ERA (electronic EOB data to automate your payment posting) on your behalf. (See the attached list of approved vendors/clearinghouses.)

Electronic Funds Transfer Option

- Complete the *Bank Information Authorized for Deposit of Funds* section. The information you provide must match the voided check or bank letter you attach.
- Attach **one** of the following:
 - Copy of a voided check (starter checks or deposit slips are not accepted).
 - Bank letter signed by an authorized bank representative.

Update an existing EFT account

- Complete the *Current/Existing Account* section, and attach the documentation listed under the *Electronic Funds Transfer Option* heading, above.
- Provide information for the **existing account** that Blue Shield or Blue Shield Promise has on record.



Provider Authorization Form
Electronic Payment Information



Promise Health Plan

Designate a bank account for deposit of your claims payment amounts via electronic funds transfer (EFT). Indicate how electronic remittance advice (ERA) files will be received on your behalf.

Name of Provider/Practitioner			
Tax Identification Number (TIN)			
NPI			
Physical Address			
City	State	Zip Code	
Primary Contact Name	Email Address		
Telephone Number	Fax Number		

Remittance Election: Select One			
<input type="checkbox"/> Trading Partner enrolled to receive ERA via SFTP direct from Blue Shield/ Blue Shield Promise			
<input type="checkbox"/> Authorizing the third-party Vendor/Clearinghouse below to receive ERA			
Vendor/Clearinghouse or Trading Partner authorized to receive ERA			
Name			
Address			
City	State	Zip Code	
Technical contact name	Telephone Number		
Email Address	Fax Number		

Bank Information Authorized for Deposit of Funds			
Branch Name	Branch Telephone		
Branch Address			
Administrative contact	Contact Telephone Number		
New Routing Number (9 digits)	New Account Number		

Current/Existing Account Blue Shield has on record (when changing to new account)			
Current Routing Number (9 digits)	Current Account Number		

Authorized Signature: <i>Practitioner/Owner, Corporate Officer or Authorized Manager (CEO, CFO, Office Manager, Billing Manager, etc.)</i>			
Signature	Print Name		
Title	Date		

Attach a copy of a voided check or a bank letter signed by bank representative.

This form will certify that the Third Party named above is authorized to receive the provider electronic remittance advice (also known as the 835) for the provider listed or retrieved via direct connection. If you are currently receiving paper Explanation of Benefits, they will be discontinued at the time of enrollment. Electronic Fund Transfer (EFT) requestors must be established Electronic Remittance Advice (ERA) recipients with Blue Shield and/or Blue Shield of California Promise Health Plan. The provider is responsible to notify Blue Shield of California and/or Blue Shield of California Promise Health Plan of any changes to Third Party information authorized to receive electronic remittance advice or account information for electronic funds transfer.

Fax enrollment to: (866) 276-8456
Questions regarding enrollment, email: EDI_BSC@blueshieldca.com



Approved Vendor List

Promise Health Plan

Vendor Name	Real-time Transactions (5010)							
	270/271 Eligibility Inquiry							
	276/277 Claim Status Inquiry							
	835 Remittance Transaction (5010)							
	Claims Transactions (5010)							
	837 Claims - Blue Shield							
	837 Claims - Blue Shield Promise							
837 Encounters - Blue Shield								
837 Encounters - Blue Shield Promise								
Ability	X		X	X		X		Vendors with electronic capability to Blue Shield and Blue Shield Promise <

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