

Electronic Payments Enrollment Form Guide and Form

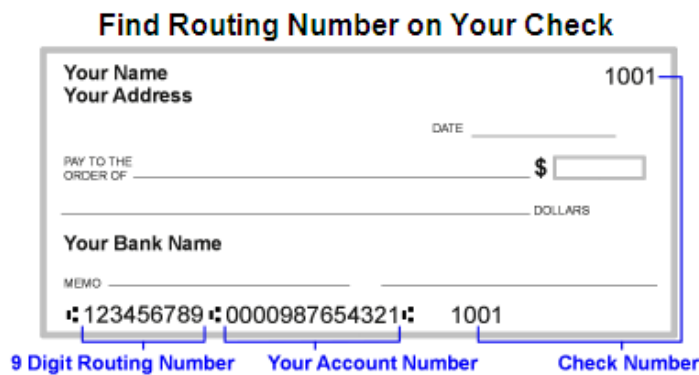
Please use this guide to complete the attached Provider Authorization form. Missing or incomplete information within the form may delay your enrollment. Please do not send or fax this guide with your completed form.

☐ Use one form per bank account authorized for deposit of your claims payments

- Indicate only Billing Tax ID numbers for which funds will be deposited in the authorized account (Provider Business Information)
- Indicate only NPI numbers for which funds will be deposited in the authorized account (Provider Business Information)

☐ Attach a copy of a voided check (photocopy voided checks for fax submissions)

- Enrollment requests cannot be processed without the copy of the voided check
- "Starter" checks or deposit slips cannot be accepted due to incomplete bank routing information
- Banking information provided in the enrollment form must match the voided check



☐ Select a Remittance Advice (EOB) Option

- Direct EDI Trading Partners may receive 835 electronic remittances (ERA) directly from Blue Shield
- Authorize a vendor/clearinghouse to receive electronic remittance (electronic EOB data to automate your payment posting) your behalf (visit blueshieldca.com/provider/edi for the full list of Blue Shield approved vendors/clearinghouses)
- Elect to retrieve your Explanation of Benefits online at blueshieldca.com/provider.

☐ Forms must be signed by authorized individuals

- Practitioner (MD, DO, DC, DDS, PhD, etc)
- Corporate Officer or Authorized Manager (CEO, CFO, Office Manager, Billing Manager, etc.)



Provider Authorization Form Electronic Payment Information

- Designate a bank account for deposit of your claims payment amounts via Electronic Funds Transfer (EFT)
- Indicate how Remittance Advice (ERA) files will be received on your behalf

Provider Business Information		
Name of Provider Organization:		
Billing Tax ID Number(s):		
NPI(s) (National Provider Identification):		
Physical address:		
City:	State:	Zip:
Primary contact name:		Telephone:
Email Address:		Fax:
Remittance Election Choose One:	<input type="checkbox"/> Trading Partner Enrolled to Receive ERA via SFTP Direct from Blue Shield	
	<input type="checkbox"/> Authorizing the Third Party Vendor/Clearinghouse below to Receive ERA	
	<input type="checkbox"/> Provider will retrieve EOBs online via blueshieldca.com/provider	
Vendor/Clearinghouse or Trading Partner authorized to receive ERA:		
Name:		
Address:		
City:	State:	Zip:
Technical contact name:		Telephone:
Email Address:		Fax:
Bank Information Authorized for Deposit of Funds		
Bank name:	Branch phone:	
Branch address:		
Administrative contact:	Contact phone:	
Bank Routing Number (9 digits):	Bank Account number:	
Attach a copy of a voided check to confirm banking information. Deposit slips are not accepted.		
Authorized Signature		
Signature:	Print name:	
Title:	Date:	

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. EOBs will be downloaded via secure online access if electronic remittance is not elected.

We will discontinue sending paper Explanation of Benefits (EOB) at the time of enrollment. Copies of paper provider EOB are available online in the Claims section of our provider website, blueshieldca.com/provider. Electronic Fund Transfer (EFT) requestors must be established Electronic Remittance Advice (ERA) recipients with Blue Shield or agree to use online Explanation of Benefit (EOB) retrieval to qualify for EFT.

The provider is responsible to notify Blue Shield of California of any changes to Third Party information authorized to receive electronic remittance advice or account information for electronic funds transfer.

Blue Shield of California
Attn: EDI
4700 Bechelli Lane
Redding, CA 96002

Fax to: EDI/Blue Shield at (866) 276-8456
Email: EDI_BSC@blueshieldca.com

Trading Partner Enrollment Form