



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.)

Promise Health Plan

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.

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Blue Shield of California Promise Health Plan is an independent licensee of the Blue Shield Association.

Provider Authorization Form Electronic Payment Information

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) | | | | | | | |
| Physical Address | | | | | | | |
| City | | | | State | | | Zip Code |
| Primary Contact Name | | | | Email Address | | | |
| Telephone Number | | | | Fax Number | | | |

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



| | | | |
|--|------------------|----------|--|
| 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 (9digits) | 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.

Approved Vendor List

Vendors with electronic capability to Blue Shield and Blue Shield Promise

Many Practice Management and Revenue Cycle Management systems connect directly to Blue Shield/Blue Shield Promise and are not listed. Other clearinghouses have established connectivity via other vendors and may not be listed. Please call your vendor to verify Blue Shield/Blue Shield Promise EDI connectivity.

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Promise Health Plan

| Vendor Name | Blue Shield of CA and Blue Shield Promise | | | Blue Shield of CA | | Blue Shield Promise | |
|--------------------------------------|---|------------------------------|-----------------------------------|-------------------|----------------|---------------------|----------------|
| | 270/271 Eligibility Inquiry | 276/277 Claim Status Inquiry | 835 Remittance Transaction (5010) | 837 Claims | 837 Encounters | 837 Claims | 837 Encounters |
| Ability | X | | X | X | X | | |
| AdvancedMD | | | X | X | | | |
| Affiliated Professional Services | | | X | X | | | |
| Allscripts | | | X | X | | | |
| APS Medical Billing | | | X | X | | | |
| AthenaHealth, Inc | | | X | X | | | |
| Availity | | | X | X | | | |
| Centrex Revenue Solutions | | | X | X | | | |
| Cerner HDX | X | | X | X | | | |
| Claim.MD | | | X | X | | | |
| Clinix Medical Informatio Svc | | | X | X | | | |
| Compucare Systems | | | X | X | | | |
| Computer Programs and Systems (CPSI) | | | X | | | | |
| Cortex EDI | | | X | X | | | |
| CureMD | | | X | X | | | |
| DentalExchange | | | X | X | | | |
| Dorado Systems | X | | | | | | |
| Eligible API | X | X | X | X | | | |
| Emergency Groups Office | | | X | X | | | |
| Emmi Physicians | | | X | X | | | |
| Envision Physician Services | | | X | X | | | |
| eSolutions | X | X | X | X | | | |
| Experian - Passport | X | X | X | X | | | |
| Experian Health / ClaimSourcee | | | X | X | | | |

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| Greenway Health | | | X | X | | | |
| Health Fusion | | | X | X | | | |
| Health Management Systems | | | X | X | | | |
| Healthcare IP | X | X | X | X | | | |
| InfinEdi, LLC | | | X | X | | | |
| InstaMed | X | | X | X | | | |
| Invoalon | | | X | X | | | |
| Marin Medical Practice Concept | | | X | X | | | |
| Medical Billing & Integration Services | | | X | X | | | |
| Medical Data Exchange | | | X | X | | | |
| MTBC Health | | | X | X | | | |
| Navicare | | | X | X | | | |
| NDC Health | | | X | X | | | |
| NextGen | | | X | X | | | |
| nThrive | | | X | X | | | |
| Office Ally | X | X | X | X | X | X | X |
| Optum Solutions | | | X | X | | | |
| Origin Healthcare Solutions | | | X | | | | |
| Pacific Medical Communications | | | X | X | | | |
| Physicians Computer Company | | | X | X | | | |
| PNC xPack | | | X | | | | |
| Practice Insight | X | | X | X | | | |
| Quadax, Inc | | | X | X | | | |
| SSI Group | X | X | X | X | | | |
| TransUnion Healthcare | X | | | | X | | X |
| Trizetto Provider Solutions | X | | X | X | | | |
| VVC Holding Corp | | | X | X | | | |
| Waystar | X | X | X | X | | | |
| Xifin | | | X | X | | | |
| Zotec Solutions | | | X | X | | | |

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