



Provider Authorization Form Electronic Payment Information

A registered Provider Connection Account Manager may add or update an electronic remittance advice (ERA) and/or electronic funds transfer (EFT) enrollment online at blueshieldca.com/provider.

Instructions to add or update ERA or EFT online

1. Log in to the established Provider Connection account and access Account Management.
2. From the provider demographics dashboard, access the "Provider and Practitioner Profiles" section. If there is more than one provider organization, select the correct TIN, then click *search* to refresh the page. Next, locate the *Remittance & Payments* tab and submit your vendor preference. In that same tab, the organization corresponding to the correct TIN may enroll in EFT.

A provider organization that is not registered on Provider Connection at blueshieldca.com/provider, must complete and submit the attached Enrollment Payment Information form.

Instructions to complete and fax an Electronic Payment Information form

Complete the attached form and follow the instructions below to enroll in EFT and ERA based on an established provider record. When the request has been processed, Blue Shield of California ("Blue Shield") and/or Blue Shield of California Promise Health Plan ("Blue Shield Promise") will send you a confirmation via email.

- A separate ERA and/or EFT application is required for each bank account.
- Include an authorized signature from the practitioner, corporate officer, or authorized manager.
- Attach the required documentation, as outlined below, and fax the form to Blue Shield and/or Blue Shield Promise at (866) 276-8456.
- Failure to provide the required documentation or providing incomplete information will delay completion of your enrollment.

Remittance Election Option

You will need to select one of the following remittance elections:

- Trading Partner enrolled to receive 835 electronic remittances directly from Blue Shield and/or Blue Shield Promise.
- OR
- Authorize a third-party vendor/clearinghouse to receive ERA on your behalf (refer to Blue Shield's Approved Vendors/Clearinghouse list).

Electronic Funds Transfer Option

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

A healthcare provider must contact its financial institution to arrange for the delivery of the CORE-required Minimum CCD+ Data Elements necessary for successful reassociation of the EFT payment with the ERA remittance advice as defined in the following Table.

Table			
Focus of the Rule			Informational Only
CORE-required Minimum CCD+ Reassociation Data Elements			Corresponding v5010 X12 835 Data Elements
CCD+ Record #	Field #	Field Name	Data Element Segment Position, Number & Name
5	9	Effective Entry Date	BPR16-373 Date (<i>EFT Effective Date</i>)
6	6	Amount	BPR02-782 Monetary Amount (<i>Total Actual Provider Payment Amount</i>)
7	3	Payment Related Information	TRN Reassociation Trace Number Segment, specifically data elements: • TRN01-481 Trace Type Code Required • TRN01-127 Reference Identification (<i>EFT Trace Number</i>) Required • TRN03-509 Originating Company Identifier (<i>Payer Identifier</i>) Required • TRN04-127 Reference Identification (<i>Originating Company Supplemental Code</i>) Required

Update an Existing EFT Account

- Complete the Current/Existing Account section and attach the documentation listed under the Electronic Funds Transfer Option heading, above.
- If you are changing to a new account, please include the provider information for the **existing** account that Blue Shield/Blue Shield Promise has on record, for reference.

Late or Missing ERA/EFT

If an ERA or EFT is late or missing, send an email to ERA_835_Support@blueshieldca.com for research and resolution. Include the provider's name, tax identification number (TIN), National Provider Identification (NPI), payment date, payment amount, and check number or payment reference ID in your communication.

**Provider Authorization Form
Electronic Payment Information**

Designate a bank account for deposit of your claims payments via electronic funds transfer (EFT).

Indicate how electronic remittance advice (ERA) files will be received on your behalf.

Provider/Practitioner information		
Provider/Practitioner name:		
Tax identification number (TIN):		
National provider identifier (NPI):		
Physical address:		
City:	State:	ZIP code:
Primary contact name:	Email:	
Phone number:	Fax number:	

Remittance Election: Select one
Trading partner enrolled to receive 835 ERAs via SFTP directly from Blue Shield and/or Blue Shield Promise
Authorizing the third-party vendor/clearinghouse below to receive ERAs

Vendor/clearinghouse or trading partner authorized to receive ERAs		
Name:		
Address:		
City:	State:	ZIP code:
Technical contact name:	Email:	
Phone number:	Fax number:	

Bank information authorized for deposit of funds	
Branch name:	Branch phone number:
Branch address:	
Administrative contact:	Contact phone number:
New routing number (9 digits):	New account number:

If changing to a new account, please provide the current or existing account information on record	
Current routing number (9 digits):	Current account number:

Authorized signature	
Practitioner/Owner, corporate officer, or authorized manager (CEO, CFO, office/billing manager)	
Signature:	Printed name:
Title:	Date:

Attach a copy of a voided check or bank letter signed by a 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 Promise. The provider is responsible to notify Blue Shield and/or Blue Shield Promise of any changes to third party information authorized to receive electronic remittance advice or account information for electronic funds transfer.