



Electronic Payments Enrollment Form Guide and Form



Promise Health Plan

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 claim 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 / Blue Shield of California Promise Health Plan
 - Authorize a vendor/clearinghouse to receive electronic remittance (electronic EOB data to automate your payment posting) on your behalf (see the attached list of approved vendors/clearinghouses).
- 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.)

Mail Address:

Blue Shield of California / Blue Shield Promise
Attn: EDI Business Platform Services
4700 Bechelli Lane
Redding, CA 96002

Fax to: (866) 276-8456

Email: EDI_PHP@blueshieldca.com



**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 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 BSC / 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:
Technical contact name:		Telephone:
Email Address:		Fax:
Bank Information Authorized for Deposit of Funds		
Name:	Branch phone:	
Branch address:		
Administrative contact:	Contact phone:	
Routing number (9 digits):	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. 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.

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



Approved Vendor List



Promise Health Plan

Vendor Name	Real-time Transactions (5010)				
	270/271 Eligibility Inquiry				
	276/277 Claim Status Inquiry				
	835 Remittance				
	Claims Transactions (5010)				
	837 Claims				
837 Encounters					
Vendors with electronic capability to Blue Shield of California					
Ability	X		X	X	X
Allscripts			X	X	
Cerner HDX	X		X	X	
Change Healthcare/McKesson	X	X	X	X	X
Dorado Systems	X				
Eligible API	X	X	X	X	
eSolutions	X	X	X	X	
Experian - Passport	X	X	X	X	
Healthcare IP	X	X			
InstaMed	X		X	X	
Navicare			X	X	
Office Ally	X	X	X	X	X
Optum Solutions			X	X	
SSI Group	X	X	X	X	
TransUnion Healthcare	X		X		X
TriZetto Provider Solutions	X		X	X	
ZirMed	X	X	X	X	

Note: Many Practice Management and Revenue Cycle Management systems connect directly to Blue Shield 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 EDI connectivity.

Mail Address:

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Fax to: (866) 276-8476
Email: EDI_PHP@blueshieldca.com