




An Independent Licensee of the Blue Cross and Blue Shield Association

# Helpful tips for completing Electronic Remittance Advice (ERA) Enrollment



**BlueCross BlueShield of Arizona**  
An Independent Licensee of the Blue Cross and Blue Shield Association

## Electronic Remittance Advice (ERA) Enrollment Form

PROVIDER INFORMATION			
Provider Name		Doing Business As Name (DBA)	
PROVIDER ADDRESS			
Street	City	State/Province	Zip Code/Postal Code
PROVIDER IDENTIFIERS			
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)		National Provider Identifier (NPI)	
OTHER IDENTIFIERS			
Trading Partner ID			
PROVIDER CONTACT			
Provider Contact Name		Telephone Number	Telephone Number Extension
Email Address		Fax Number	
PROVIDER AGENT			
Provider Agent Name			
Provider Agent Contact Name		Telephone Number	Telephone Number Extension
Email Address		Fax Number	
ERA RETRIEVAL INFORMATION			
PREFERENCE FOR AGGREGATION OF REMITTANCE DATA (E.G. ACCOUNT NUMBER LINKAGE TO PROVIDER IDENTIFIER)			
<input type="checkbox"/> Provider Tax Identification Number (TIN)		<input checked="" type="checkbox"/> National Provider Identifier (NPI)	
Method of Retrieval	<input type="checkbox"/> CORE Web Service <input type="checkbox"/> SFTP – BCBSAZ hosted	<input type="checkbox"/> MyFileGateway <input type="checkbox"/> FTP – Trading Partner hosted	<input type="checkbox"/> SFTP – Trading Partner hosted <input type="checkbox"/> FTSP – Trading Partner hosted
ERA CLEARINGHOUSE INFORMATION			
Clearinghouse Name		Clearinghouse Contact Name	
Telephone Number		Email Address	
ERA VENDOR INFORMATION			
Vendor Name			
ENROLLMENT SUBMISSION/AUTHORIZATION			
Reason for Submission <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Enrollment <input type="checkbox"/> Cancel Enrollment			
PLEASE NOTE: Provider needs to contact their Financial Institution to arrange for secure delivery of the Automated Clearing House (ACH) Payment Related Information for all Corporate Credit or Debit with Addenda Record (CCD+) EFT payments (Electronic Funds Transfer) to enable reassociation with ERAs.			
AUTHORIZED SIGNATURE			
Electronic Signature of Person Submitting Enrollment		Written Signature of Person Submitting Enrollment	
Printed Name of Person Submitting Enrollment		Printed Title of Person Submitting Enrollment	
Submission Date / /			

SUBMIT BY EMAIL

- A. Supply the provider name.
- B. Supply your Federal Tax ID number and National Provider Identifier (NPI).
- C. Supply the provider contact name, telephone number and email address.
- D. Supply the name of the Clearinghouse used for ERA transaction.
- E. Please choose reason for submission, sign (either written or electronic), print your name and submission date.
- F. Reminder - If you are also enrolling in EFT, you must contact your Financial Institution to arrange for secure delivery of the ACH Payment Related Information for all CCD+ EFT payments to enable reassociation with ERAs.