



## ERA ENROLLMENT FORM FOR PROVIDERS USING A CLEARINGHOUSE

**Please return completed form to [edi.services@bcssc.com](mailto:edi.services@bcssc.com)**

I hereby authorize \_\_\_\_\_ to receive 835 Electronic Remittance Advices (ERAs) on my behalf. I am authorized to endorse this ERA enrollment form on behalf of my company. I acknowledge that it is my responsibility to notify BlueCross BlueShield of South Carolina in writing if I wish to change or revoke this authorization.

NOTE: Use Page 2 **only** if additional offices *under same Tax Id* will be receiving ERAs.

Fields marked with an asterisk (\*) are required. Incomplete or illegible forms will be returned.

BILLING PROVIDER TAX ID NUMBER*	SUBMITTER ID NUMBER <i>(Internal BCBSSC Use Only)</i>
BILLING PROVIDER NPI NUMBER*	BILLING PROVIDER CONTACT NAME/TITLE <i>(Please Print)</i> *
BILLING PROVIDER NAME*	BILLING PROVIDER CONTACT SIGNATURE*
BILLING PROVIDER ADDRESS <i>(Cannot be P.O Box)</i> *	DATE*
BILLING PROVIDER CITY/STATE/ZIP*	BILLING PROVIDER PHONE NUMBER*
BILLING PROVIDER EMAIL ADDRESS*	
CLEARINGHOUSE EMAIL ADDRESS (Optional)	

For questions or concerns, contact BCBSSC EDI Services at [edi.services@bcssc.com](mailto:edi.services@bcssc.com)

Complete this page **only** if additional offices (unique *billing NPI numbers under same Tax ID*) will be receiving ERAs.

Tax ID Number	NPI Number	Name and Location

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