AVAILITY ENROLLMENT FORM

PAYER ID: 54771

PAYER NAME: HIGHMARK BCBS PENNSYLVANIA

Required: Submission of this form indicates completion of the enrollment instructions.

Enter Provider Information (print or type)		
Provider Organization Name		
Provider Tax ID	Provider/Group NPI	
Availity Customer ID (Required)	Provider Legacy ID (if available)	
Provider Billing Address		
City	State	Zip
Authorized Name	Phone	
Email Address		
Choose which transaction you are enrolling (Claims, Remits, or Both):		

Enrollment Instructions

Click on the below link to begin enrollment.

https://www.highmark.com/edi/update/general/index.shtml

Claims 837 Transactions (Also includes 270/271 and 276/277)

- Click Provider Affiliations
- Select Add Provider to Existing Trading Partner
- Complete the required Information

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ERA 835 Transactions

- Click ERA Enrollment
- Complete the required Information

Trading Partner Information

- Trading Partner ID - **516971**
- Trading Partner Namer - **Availity**

Enrollment Questions: Please Contact Highmark EDI Operations at 1-800-992-0246

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