BlueCross BlueShield of Texas

TEXAS STAR Your Health Plan ★ Your Choice

TEXAS STAR Kids Your Health Plan ★ Your Choice

CHIP

Electronic Remittance Advice (ERA) Enrollment Form

This ERA Enrollment Form must be fully completed, signed, and returned via fax to Blue Cross and Blue Shield of Texas (BCBSTX) Electronic Commerce Services at 312-946-3500.

Prior to enrolling for ERA you or your preferred clearinghouse must be registered with Availity®. The ERA enrollment process establishes an electronic mailbox where Availity will place the electronic remittance file(s) received from payer(s). There is no charge to register with Availity. Visit availity.com for details.

Out-of-state providers need to specifically contact their local Blue Plan for enrollment to receive ERAs for BlueCard® and Medicare Secondary Crossover claims.

ERA enrollment processes for Federal DentalBlue℠ Supplemental policies are administered by Dental Network of America (DNoA).

Upon completion and approval this ERA Authorization Agreement will be used to activate ERA delivery for all claims submitted by/on behalf of the enrolling provider, once claims are finalized. The paper Provider Claim Summary (PCS) currently provided by BCBSTX will be discontinued 31 days after your ERA enrollment is effective.

If you have questions regarding the ERA enrollment process, contact BCBSTX Electronic Commerce Services at ecommerceservices@bcbstx.com or 800-746-4614. To obtain the status of your enrollment refer to the Electronic Commerce section on our website at bcbstx.com/provider.

PROVIDER INFORMATION

Provider Name:				
Provider Address:	Street:	City:	State/Province:	Zip Code/Postal Code:

PROVIDER IDENTIFIERS INFORMATION

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): (must be 9 digits)									
National Provider Identifier (NPI): (Billing/Type 2 NPI – must be 10 digits)									

PROVIDER CONTACT INFORMATION

Provider Contact Name:		Title:	
Telephone Number:		Telephone Number Extension:	
Email Address:		Fax Number:	

ELECTRONIC REMITTANCE ADVICE INFORMATION

Preference for Aggregation of Remittance Data: (e.g., account number linkage to Provider Identifier)	☐ Provider Tax Identification Number (TIN)	☐ National Provider Identifier (NPI)

SUBMISSION INFORMATION

Reason for Submission:	☐ New Enrollment	☐ Change Enrollment	☐ Cancel Enrollment
Authorized Signature:			
Printed Name of Person Submitting Enrollment:			
Printed Title of Person Submitting Enrollment:		Submission Date:	

RECEIVER INFORMATION (Not required for cancellation requests)

Availity Customer ID: (must be 4-6 numeric digits)		If a separate mailbox is needed for Electronic Payment Summary (EPS)* delivery, provide the Availity Customer ID:		
Receiver Name:		Select Yes or No to enroll in ERA for Medicare Secondary Crossover claims from other Blue Plan(s):	☐ Yes	☐ No

OTHER INFORMATION

Indicate which provider file(s) associated with the NPI/ Tax ID combination should be updated:	☐ Institutional	☐ Professional	☐ Both

*EPS delivery is unavailable for Texas Medicaid and Medicare Advantage claims.

Availity is a trademark of Availity, LLC., a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSTX. BCBSTX makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

DNoA, a separate company that acts as the administrator of dental programs for Blue Cross and Blue Shield of Texas.