



Electronic Remittance Advice (ERA) Authorization Agreement

This ERA Enrollment Form must be fully completed, signed, and returned via fax to Blue Cross and Blue Shield of Montana (BCBSMT) 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 DentalBlueSM 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 BCBSMT will be discontinued 31 days after your ERA enrollment is effective.

If you have questions regarding the ERA enrollment process, contact BCBSMT Electronic Commerce Services at ecommerceservices@bcbsmt.com or 800-746-4614. To obtain the status of your enrollment refer to the Electronic Commerce section on our website at bcbsmt.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)	<input type="checkbox"/> Provider Tax Identification Number (TIN)	<input type="checkbox"/> National Provider Identifier (NPI)
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SUBMISSION INFORMATION

Reason for Submission:	<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change Enrollment	<input type="checkbox"/> 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):	<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER INFORMATION

Indicate which provider file(s) associated with the NPI/Tax ID combination should be updated:	<input type="checkbox"/> Institutional	<input type="checkbox"/> Professional	<input type="checkbox"/> Both
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*EPS delivery is unavailable for 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 BCBSMT. BCBSMT 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 is a separate company that is the administrator for BCBSMT dental plans.