

Louisiana Blue Cross Blue Shield 837I and 835

EDI Enrollment Instructions:

- Please save this document to your computer. Open the file in the Adobe Reader program and type directly onto the form.
- **This packet is applicable to institutional claim transactions only.**
- Complete the form using the provider's **billing/group information as credentialed** with this payer.
- Once completed, save for your records, print and obtain appropriate signature(s).
- Enrollment timeframe is **3 – 5 business days**.
- BCBSLA emails a confirmation notice to the email address entered on the form.
- To check status of EDI enrollment, **please contact LA BCBS at 800-216-2583 or EDIServices@bcbsla.com**

837 Claim Transactions:

Business Associate Profile

Complete all fields, as appropriate.

Submitter ID: **P0005158**

835 Electronic Remittance Advice:

Electronic Remittance Advice (ERA) Enrollment Form

Complete all fields, as appropriate.

Electronic Remittance Advice Vendor information: Optional.

Submit Completed Document:

1. Email or Fax to BCBSLA
EDIServices@bcbsla.com
225-298-2945



The Business Associate Profile (BAP) form must be completed to reflect each provider/location that has authorized the Trading Partner to submit and receive Blue Cross and Blue Shield of Louisiana electronic transactions.

- Add new provider location Submitter ID for existing submitters: _____
- Note: This BAP form is for all electronic submissions with the exception of ERA (835) enrollment. ERA (835) enrollments will only be processed by completing the ERA Enrollment Form found at www.BCBSLA.com/providers >Electronic Services >Clearinghouse Services.

Provider Name*	Provider Tax ID Number	NPI Number

*Print the provider name as it appears on each Blue Cross and Blue Shield of Louisiana Payment Register.

_____	_____	_____
Provider/Clinic/Location Name	Date	Completed By
_____	_____	
Phone Number	Email Address	

- Please allow 3-5 business days for setup.
- Provider’s NPI must already be registered with Blue Cross and Blue Shield of Louisiana. You may contact Provider Credentialing and Data Management at 1-800-716-2299, option 3 to report an NPI.

Completed forms can be faxed to (225) 298-2945 or emailed to EDIServices@bcbsla.com. For questions regarding this form, please contact EDI Services at 1-800-216-2583.



Louisiana

Electronic Remittance Advice (ERA) Enrollment Form

By completing this form, you are enrolling for the receipt of an ERA (835), to be delivered to the Trading Partner ID you are specifying in this enrollment. All fields must be completed in order for us to complete processing of the enrollment.

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)		
National Provider Identifier (NPI)	Trading Partner ID	
PROVIDER CONTACT INFORMATION		
Contact Name	Title	
Telephone Number	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): _____		
Method of Retrieval		
<input type="checkbox"/> From Health Plan <input type="checkbox"/> Secure FTP <input type="checkbox"/> From Clearinghouse <input type="checkbox"/> SOAP/MIME		
ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION		
Clearinghouse Name		
Clearinghouse Contact Name	Telephone Number	Email Address
ELECTRONIC REMITTANCE ADVICE VENDOR INFORMATION		
Vendor Name		
Vendor Contact Name	Telephone Number	Email Address

~Over~

SUBMISSION INFORMATION

Reason for Submission

- New Enrollment
- Change Enrollment
- Cancel Enrollment

Authorized Signature

This information is to remain in full force and effect until Blue Cross and Blue Shield of Louisiana has received written notification from me of its change or cancellation in such time and in such manner as to afford Blue Cross a reasonable opportunity to act on it.

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

RETURN INFORMATION

Please return your completed ERA Enrollment Form in one of the following ways:

Mail to: Attn: EDI Services/BCBSLA
P.O. BOX 98029
Baton Rouge, LA 70898-9029

Email: EDIServices@bcbsla.com

Fax: (225) 298-2945

If you have any questions about this form or your ERA enrollment status, please contact EDI Services at:

Phone: 1-800-216-2583

Email: EDIServices@bcbsla.com

Internal Use Only

TPM set-up completed on: _____

Employee ID No.: _____