

**South Carolina
Blue Cross Blue Shield
835**

EDI Enrollment Information:

- Please save this document to your computer. Open the file in the Adobe Reader program and type directly onto the form.
- Complete the form using the provider's **billing/group information as credentialed** with this payer.
- Once completed, save for your records, print, obtain appropriate signature(s).
- Enrollment process is approximately **7–10 business days**.
- To check status of EDI enrollment, please contact **BCBS at 800-868-2505**.

837 Claim Transactions:

Enrollment applies to ERA only and is not necessary prior to sending claims.

835 Electronic Remittance Advice:

Complete the [ERA Enrollment Form for Clearinghouses](#) as appropriate.

Submit Completed Document:

E-mail the signed ERA Enrollment Form:

edi.services@bcssc.com



**ERA ENROLLMENT FORM
FOR PROVIDERS USING A CLEARINGHOUSE**

Please return completed form to edi.services@bcbsc.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, and 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.

(Name of clearinghouse)

BILLING PROVIDER TAX ID NUMBER	SUBMITTER ID NUMBER (BCBSSC Internal Use Only)
BILLING PROVIDER NPI NUMBER	BILLING PROVIDER CONTACT NAME/TITLE (Please Print)
BILLING PROVIDER NAME	BILLING PROVIDER CONTACT SIGNATURE (Required)
BILLING PROVIDER ADDRESS (Cannot be a P.O Box)	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@bcbsc.com