BlueCross BlueShield of Alabama

EDI Enrollment Request for Out-of-Area Electronic Remittance (835) Files

By completing this form, you are enrolling for the receipt of **out-of-area** ERA (835) files to be delivered to all Trading Partner IDs associated with your NPI number. Out-of-area ERAs (835) will be delivered for electronic remittance files created by other Blue Plans for claims processed directly from that Blue Plan to the provider. If you already receive electronic remittances (835) directly from other Blue Plans, submission of this form will result in duplicate remittance distribution.

I. PROVIDER INFORMATION

Provider Name

National Provider Identifier (NPI)

II. PROVIDER CONTACT INFORMATION

Contact Name

Title

Telephone Number

Email Address

III. SUBMISSION INFORMATION

Reason for Submission

New Enrollment   **Cancel Enrollment**

Authorized Signature

Represents and warrants that he or she has full power and authority to execute this agreement on behalf of the healthcare provider identified in Section I (Provider) and to bind the Provider to the terms and conditions of this agreement;

Agrees that Provider will be responsible for all electronic transactions submitted to Blue Cross by Provider, its employees, and its agents;

Agrees that Blue Cross has the right to audit and confirm information submitted by or on behalf of Provider and shall have access to all original source documents and medical records related to Provider's submissions. All incorrect payments shall be adjusted in accordance with Blue Cross guidelines;

Agrees that Provider will use sufficient security procedures to ensure that all transmissions of documents are authorized and protect all data from improper access; and

Agrees to establish and maintain procedures and controls so that information concerning Blue Cross subscribers, or any information obtained from Blue Cross, shall not be used by agents, officers or employees of the billing service except as provided by Blue Cross.

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Written Signature of Person Submitting Enrollment

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Printed Name of Person Submitting Enrollment

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Submission Date