



An independent licensee of the
Blue Cross and Blue Shield Association

**ERA ENROLLMENT FORM
FOR PROVIDERS WHO ARE DIRECT SUBMITTERS**

Please return completed form to edi.services@bcssc.com

Our practice wishes to receive 835 Electronic Remittance Advices (ERAs) directly from BlueCross BlueShield of South Carolina for the locations listed on this form.

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.

| | |
|--------------------------------|--|
| BILLING PROVIDER TAX ID NUMBER | SUBMITTER ID NUMBER (BlueCross Internal Use Only) |
| BILLING PROVIDER NPI NUMBER | BILLING PROVIDER CONTACT NAME/TITLE (Please Print) |
| BILLING PROVIDER NAME | BILLING PROVIDER CONTACT SIGNATURE |
| ADDRESS | DATE |
| CITY/STATE/ZIP | PHONE NUMBER |
| | EMAIL ADDRESS |

For questions or concerns, contact BlueCross EDI Services at edi.services@bcssc.com

Complete this page if there are additional offices that will be receiving ERAs:

| Provider Tax ID Number | Provider NPI Number | Provider Name and Location |
|------------------------|---------------------|----------------------------|
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