

ABCBS Electronic Remittance Advice Request Form (ERA/835)

Provider Information

Submitter Number of Provider/Group: _____

Submitter Number *picking up the remittance advice*: _____

Effective Date: _____

Provider Name: (Hospital, Clinic, or P.A. Group): _____

Group PTAN/Pay-to Provider Number: _____

Group/Pay-to NPI Number: _____

Address 1: _____

Address 2: _____

City/State/Zip: _____

Contact Person's Name: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Indicate Professional or Institutional For ERA (ANSI 835/ERA) Transaction:

- Private Business (ABCBS) Professional
 Private Business (ABCBS) Institutional

Only one submitter ID per provider number may be established for ERA. This means the submitter ID on this request will be the only recipient of ERA for the provider number(s) listed. All others will be discontinued.

Provider's Authorized signature

Title

Date

Authorized signature of the provider is one who is authorized to sign legal documents on behalf of the provider. Signatures from the billing service or clearinghouse are not accepted.

RETURN ADDRESS:

Medicare EDI Services EDI 4-BC/S

P.O. Box 2181

Little Rock, AR 72203-2181

FedEX or UPS: 601 S. Gaines St. Little Rock AR. 72201

Fax: (501) 378-2265

Service Line: (866) 582-3247 edi@arkbluecross.com