



Empowering Healthcare

ERA Payer Agreement Instructions for Alaska Blue Shield – Premera Payer ID -BS011

Important Notes

ERA transactions are available as an additional McKesson contracted service. To add ERAs to your contract please contact your McKesson Sales person or Value Added Reseller. ERAs must be part of your McKesson contract BEFORE requesting ERA service through the McKesson EDI Enrollment Department.

Electronic Funds Transfer (EFT) is an arrangement between the Physician/Provider and the Payer. McKesson does not manage or transmit EFTs.

Before receiving ERAs for Alaska Blue Shield the Physician/Provider must:

- Be processing claims electronically with this payer
- Contract with McKesson for All Payer ERA service
- Complete an ERA Enrollment Request Form
- Complete Alaska Blue Shield's Electronic Remittance Advice Form.

Guidelines for completing: Alaska Blue Shield Electronic Remittance Advice and Electronic Funds Transfer Enrollment Form:

- Complete all required fields
- Submit one ERA Payer Agreement for each Physician/Group Tax ID.
- Once the agreement is open in Adobe Reader you can type information onto the form.
- Forward original ERA agreement along with your McKesson ERA Enrollment Request Form to the Enrollment Team for processing.
- Please allow up to 30 days for approval and receipt of Alaska Blue Shield ERA.

Fax completed Alaska Blue Shield ERA Agreement and McKesson ERA Enrollment Request Form to:

McKesson EDI Enrollment

800-633-4763



BLUE CROSS

835 EDI Authorization Form Claims Payment and Remittance Advice

This Authorization Form is required for the set-up of the 835 Claims Payment and Remittance Advice. An original signature is required. Please return the completed form to the address below.

Premera Blue Cross
PO Box 327 MS281
Seattle, WA 98111-0327

Date: _____

Provider or Group/Facility Information:

Name: _____ Current PBC Submitter ID _____

Address: _____

City: _____ State: _____ Zip: _____

Tax ID: _____ National Provider Identifier (NPI): _____

Type of Remittance Requested: Professional Institutional Both

Do you share this tax ID with other groups, facilities or individual providers? Yes _____ No _____

IF Yes: *The 835 Transaction (Electronic Remittance Advice) will include payments for all providers who share this tax ID and will be sent to only one submitter ID. Paper vouchers and the associated checks are not affected.*

Clearinghouse/Billing Service Information:

Name: _____ Current PBC Submitter ID _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email Address: _____

Contact Name: _____

I authorize the above named Clearinghouse/Billing Service to receive the 835 Health Care Claim Payment/Advice on my behalf.

Provider Signature: _____ **Date:** _____

Spokane 1-800-435-2715 Option 2		Premera EDI Team Members			Seattle 1-800-435-2715 Option 1	
Shari Johnson	509-252-7488	Rowena Solomon	425-918-4983	Dana Thomas	425-918-5129	
Beth Passmore	509-252-7842	Lynnette Boulch	425-918-4218	Lenea Dyer	425-918-3505	
		Linda Hunt	425-918-3294	Liza Franzen	425-918-3128	
Bend, OR 1-800-435-2715 Option 3						
Alex Dufault	541-318-2133	Fax 425-918-4234				
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