

## ERA Payer Agreement Instructions for Blue Cross of California - BC001

### 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 completing this ERA Payer Agreement.

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

Before receiving ERAs from this Payer the Provider will need to:

- Be enrolled with the payer and have a valid Provider Identification Number (PIN) before completing the ERA Enrollment Request.
- To obtain a PIN for a specific payer, **the provider or Billing Service** must contact the payer's Provider Relations Department. McKesson **cannot** make this request for the provider.

### Guidelines for completing: Blue Cross of CA Payer ID BC001

- 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.
- Section A- Complete Provider information and sign
- Section B- Complete if you are requesting EFT. This is an arrangement between the Provider and the Payer. McKesson does not manage or transmit EFTs.
- Section C- Pre filled.
- Draft a letter on your letterhead and include the following:
  - "<Name of Practice> authorizes McKesson to retrieve and/or translate our confidential patient and financial information on our behalf."
  - Include all Tax IDs and Providers numbers for which McKesson is authorized to retrieve/translate.
- Print and mail completed form to the Payer. See address below.
- Complete McKesson's ERA Enrollment Request and fax it to McKesson.

### Return ERA Agreement to Payer via mail:

#### **Physical address for USPS, FedEx, UPS, etc.**

Blue Cross of California  
ATTN: EDI Services AC-7B  
P.O. Box 4173  
Woodland Hills, CA. 91365-4173





# ERA/EFT Enrollment Form

Please return All Completed Forms to:  
**Blue Cross of California**  
ATTN: EDI Services AC-7B  
PO Box 4173, Woodland Hills, CA 91365-4173  
EDI Technical Support: (800) 227-3983, Fax: (818) 234-9966  
[EDI.BCCEnrollment@wellpoint.com](mailto:EDI.BCCEnrollment@wellpoint.com)  
Incomplete enrollment packages will cause delay.

Please print clearly. A separate form is required for each Tax Identification Number.

Provider Name: \_\_\_\_\_

Tax ID #: \_\_\_\_\_ NPI #: \_\_\_\_\_ Medicare #: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please indicate method of retrieval for your Blue Cross of California Electronic Remittance Advice (ERA) file:

- We are a direct claim submitter and will download our own ERA files.  
Our electronic mailbox ID is (ex: ZHCQ0000) \_\_\_\_\_  
Our ERA translation software is \_\_\_\_\_
- Please assign a new mailbox to download our own ERA files.  
Our ERA translation software is \_\_\_\_\_
- We are switching vendors. Please discontinue our current ERA services with vendor: \_\_\_\_\_
- Our vendor will retrieve all ERA files for us. (Please have vendor complete the following fields.)

Vendor Name: \_\_\_\_\_

Vendor Contact Name: \_\_\_\_\_

Vendor Contact Phone: \_\_\_\_\_

Vendor Email: \_\_\_\_\_

*Note: Please make sure vendor is set up to receive ERA files from Blue Cross of California. We can not process this request if they are not set up.*

**The CEO or CFO of this facility must sign this form.**

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_



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Blue Cross of California Systems is hereby authorized to deposit payments for claims to the account listed below.  
Attached to this form is a blank check or deposit slip for the account receiving the direct deposit.

<b>PROVIDER NAME</b>		<b>MEDICARE PROVIDER NUMBER</b>	
<b>ADMINISTRATIVE CONTACT:</b>		<b>TAX ID NUMBER:</b>	
<b>TITLE:</b>		<b>PHONE NUMBER:</b>	

## BANK INFORMATION

<b>NAME ON BANK ACCOUNT</b>			
<b>ACCOUNT TYPE</b>		<input type="checkbox"/> <b>CHECKING</b>	<input type="checkbox"/> <b>SAVINGS</b>
<b>BANK NAME</b>		<b>BRANCH NAME</b>	
<b>BANK ADDRESS</b>		<b>BANK PHONE NUMBER</b>	
<b>ACCOUNT NUMBER</b>		<b>TRANSIT/ABA NUMBER</b>	

***An authorized signer on the bank account must sign this form***

<b>PRINT NAME:</b>	_____	<b>SIGNATURE:</b>	_____
<b>TITLE:</b>	_____	<b>PHONE NUMBER:</b>	_____
<b>DATE SIGNED:</b>	_____	<b>FAX NUMBER:</b>	_____