



Enrollment Department  
MedAvant  
1854 Shackleford Court,  
Suite 200  
Norcross, GA. 30093

**Phone:** (800) 792-5256 Option 1  
**Fax:** (404) 877-3324  
provider.enrollment@MedAvanthealth.com

## ERA Payer Agreement Instructions for Massachusetts Blue Shield

### Important Notes

ERA transactions are available as an additional MedAvant contracted service. To add ERAs to your contract please contact your MedAvant Sales person or Account Manager. ERAs must be part of your MedAvant contract BEFORE completing this ERA Payer Agreement.

Electronic Funds Transfer (EFT) is an arrangement between the Provider and the Payer. MedAvant 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. MedAvant **cannot** make this request for the provider.

### Guidelines for completing Massachusetts Blue Shield Payer ID BS059

- Complete MedAvant ERA enrollment request form.
- Complete payer enrollment form
- Forward original ERA request form and Enrollment form to MedAvant Enrollment Team for processing. Please allow (30) days turn around time prior to submitting for this service.

### Return MedAvant's ERA Enrollment Request to MedAvant:

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

MedAvant Healthcare Solutions

Enrollment Department

1854 Shackleford Court, Suite 200

Norcross, GA 30093

### MedAvant ERA Enrollment Request is located at:

<http://www.MedAvanthealth.com/payerlist/default.asp>

### **Questions? Contact MedAvant enrollment at:**

(800) 792-5256 Option 1



## Electronic Media Claims Information Sheet

### INSTRUCTIONS:

1. Please fill in all information accurately and completely.
2. For electronic claims (837) enrollment, complete section A.
3. For electronic remittance (835) enrollment, complete section B.
4. Emdeon Business Services will assign a Biller Number/Vendor Source Code.
5. Fax, E-Mail or mail your form to Emdeon Business Services  
 Fax: (615) 340-6159  
 E-Mail: [ptgenrollment@emdeon.com](mailto:ptgenrollment@emdeon.com)  
 Mail: Emdeon, Attn: EMC Testing, 2000 Commonwealth Ave., Suite 310, Auburndale, MA 02466
6. For questions please contact EMC Enrollment at (800) 266-2206 and choose option 6 then option 2.



### ELECTRONIC CLAIMS SUBMITTER INFORMATION

Submitter Name: \_\_\_\_\_  
 Submitter Address: \_\_\_\_\_  
 Submitter City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Submitter Contact: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 Software Company: \_\_\_\_\_



### ELECTRONIC REMITTANCE RECEIVER INFORMATION

Electronic Remittance: \_\_\_\_\_ Yes, we would like to receive electronic remittance for BCBSMA  
 Tax ID Number: \_\_\_\_\_  
 Software Company: \_\_\_\_\_  
 Provider Name: \_\_\_\_\_  
 Provider Address: \_\_\_\_\_  
 Provider City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Provider Contact: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 BCBSMA Provider No: \_\_\_\_\_  
 Associated NPI:\* \_\_\_\_\_

**\* PLEASE NOTE: IF MULTIPLE BCBSMA PROVIDER NUMBERS ARE ASSOCIATED WITH THE SAME NPI, ALL ELECTRONIC REMITTANCES (ERAs) WILL BE RETURNED IN THE SAME REMITTANCE FILE.**

-----Assigned by Emdeon-----

Biller Number/Vendor Source Code: \_\_\_\_\_



Emdeon Business Services  
2000 Commonwealth Avenue  
Suite 310  
Auburndale, MA 02466  
Phone 800-266-2206  
Fax 615-340-6159

## FACSIMILE

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**To:** EMC Enrollment

**From:** \_\_\_\_\_

**Company:** Emdeon Business Services

**Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** 615-340-6159

**Page 1 of** \_\_\_\_\_

**Comments:**

**Blue Cross Blue Shield of Massachusetts EMC Enrollment paperwork.**

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