

# Blue Cross and Blue Shield of North Carolina

## Electronic Remittance Advice (ERA) Authorization Agreement

Please complete the following form and fax the form to Electronic Solutions at 919-765-7101.

<b>Provider Information</b>	
Provider Name	
Doing Business As Name (DBA)	
Provider Address	
Street	
City	
State/Province	
Zip Code/Postal Code	

<b>Provider Identifiers Information</b>	
Provider Federal Tax Identification Number (TIN) Or Employer Identification Number (EIN)	
National Provider Identifier (NPI)	

<b>Provider Contact Information</b>	
Provider Contact Name	
Title	
Telephone Number	
Telephone Number Extension	
Email Address	
Fax Number	

<b>Electronic Remittance Advice Information</b>	
National Provider Identifier (NPI)	
Method of Retrieval	
Direct	<input type="checkbox"/>
Clearinghouse	<input type="checkbox"/>

<b>Electronic Remittance Advice Clearinghouse Information</b>	
Clearinghouse Name	
Clearinghouse Contact Name	
Telephone Number	
Email Address	

<b>Electronic Remittance Advice Vendor Information</b>	
Vendor Name	
Vendor Contact Name	
Telephone Number	
Email Address	

<b>Submission Information</b>	
Reason For Submission	
New Enrollment	<input type="checkbox"/>
Change Enrollment	<input type="checkbox"/>
Cancel Enrollment	<input type="checkbox"/>
Authorized Signature	
Written Signature of Person Submitting Enrollment	
Printed Name of Person Submitting Enrollment	
Printed Title of Person Submitting Enrollment	
Submission Date	
Requested ERA Effective Date	