



**ERA ENROLLMENT FORM
FOR PROVIDERS WHO ARE DIRECT SUBMITTERS**

Please return completed form to edi.services@bcssc.com

Our practice wishes to receive 835 Electronic Remittance Advices (ERAs) directly from BlueCross BlueShield of South Carolina for the locations listed on this form.

I acknowledge that it is my responsibility to notify BlueCross BlueShield of South Carolina in writing if I wish to change or revoke this authorization.

BILLING PROVIDER TAX ID NUMBER	SUBMITTER ID NUMBER (BCSSC Internal Use Only)
BILLING PROVIDER NPI NUMBER	BILLING PROVIDER CONTACT NAME/TITLE (Please Print)
BILLING PROVIDER NAME	BILLING PROVIDER CONTACT SIGNATURE
ADDRESS	DATE
CITY/STATE/ZIP	PHONE NUMBER
	EMAIL ADDRESS

For questions or concerns, contact BCSSC EDI Services at edi.services@bcssc.com

Complete this page if there are additional offices that will be receiving ERAs:

Provider Tax ID Number	Provider NPI Number	Provider Name and Location

For questions or concerns, contact BCBSSC EDI Services at edi.services@bcssc.com