



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
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.

PROVIDER NAME		MEDICARE PROVIDER NUMBER	
ADMINISTRATIVE CONTACT:		TAX ID NUMBER:	
TITLE:		PHONE NUMBER:	

BANK INFORMATION

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

An authorized signer on the bank account must sign this form

PRINT NAME:	_____	SIGNATURE:	_____
TITLE:	_____	PHONE NUMBER:	_____
DATE SIGNED:	_____	FAX NUMBER:	_____