



Attachment III

Provider Authorization Form

Release of Electronic Remittance Advice (ERA) to a Third Party and/or Electronic Funds Transfer (EFT) Information

Provider Information for ERA		
Provider name:		
Tax ID Number(s):		
NPI(s) (National Provider Identification):		
Physical address:		
City:	State:	Zip:
Telephone:	Fax:	
Primary contact name:		
Email Address:		
Third Party Information for ERA		
Third Party authorized to receive 835: <b>Office Ally, LLC</b>		
Address: <b>32356 S. Coast Highway</b>		
City: <b>Laguna Beach</b>	State: <b>CA</b>	Zip: <b>92651</b>
Telephone: <b>(949) 464-9129</b>	Fax: <b>(949) 376-6951</b>	Email: <b>support@officeally.com</b>
Billing service technical contact name: <b>Eve Du Bry or Gloria Chung</b>		
Bank Information for EFT Transmittal		
Bank name:	Branch phone:	
Branch address:		
Administrative contact:	Contact phone:	
American bankers association (ABA) number	Account number	
Please attach a copy of a voided check for bank routing numbers and account information. Deposits slips may not contain bank routing numbers.		
Authorized Signature		
Signature:	Print name:	
Title:	Date:	

This form will certify that the Third Party named above is authorized to receive the provider electronic remittance advice (also known as the 835) for the provider listed.

Unless Blue Shield authorizes an extension, Blue Shield will discontinue hard-copy remittance advice forty-five (45) days from the date of the first ERA file transfer.

Electronic Fund Transfer (EFT) requestors must be established Electronic Remittance Advice (ERA) recipients with Blue Shield or agree to use online Explanation of Benefit (EOB) retrieval to qualify for EFT.

**The provider is responsible to notify Blue Shield of California if there are any changes authorizing this Third Party to receive the electronic remittance advice or change in the account information for electronic funds transfer.**