



South Carolina

*BlueCross BlueShield of South Carolina
is an independent licensee of the
Blue Cross and Blue Shield Association*

**ADDENDUM TO ERA ENROLLMENT FORM
FOR BILLING SERVICES AND CLEARINGHOUSES
BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA**

2300 Springdale Drive Attn: AG-280 Camden, SC 29020-1728

I hereby authorize _____ to receive Electronic
BILLING SERVICE/CLEARINGHOUSE
Remittances Advices (ERAs) on my behalf. I understand that ERAs contain payment information
concerning my processed BlueCross claims and all BlueCross intermediaries' claims. I am authorized to
endorse this addendum on behalf of my company, and I acknowledge that it is my responsibility to notify
BlueCross in writing if I wish to revoke this authorization.

BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA PROVIDER NUMBER		TRADING PARTNER/SUBMITTER ID NUMBER
NATIONAL PROVIDER IDENTIFIER (NPI #)		NAME/TITLE (PLEASE PRINT)
CORPORATE/ HEADQUARTER'S NAME		SIGNATURE
ADDRESS		DATE
CITY/STATE/ZIP		PHONE NUMBER
		E-MAIL ADDRESS

