



**ERA ENROLLMENT FORM  
FOR PROVIDERS USING A CLEARINGHOUSE**

*Please return completed form to [edi.services@bcssc.com](mailto:edi.services@bcssc.com)*

I hereby authorize \_\_\_\_\_ to receive 835 Electronic Remittance Advices (ERAs)  
(Name of clearinghouse)  
 on my behalf. I am authorized to endorse this ERA enrollment form on behalf of my company, and 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](mailto:edi.services@bcssc.com)

