



835 Enrollment Empire BCBS



Empire Blue Cross Blue Shield (Empire BCBS) utilizes an online enrollment form for 835s (also called Electronic Remittance Advice, or ERA) for health care claims payments. See below for instructions for how to enroll.

To access the online ERA enrollment form for Empire BCBS: Copy the link shown below and paste into your browser:

<https://anthem-int.columncloud.com/SR/ERAEnrollmentSR.jsp>

Payer Section (top of online form):

- User must check the box to insure that you are enrolling for ERAs for one of the payers listed.

Payer

- Anthem CT, ME, NH, OH, KY, IN, MO, WI, VA
- Blue Cross and Blue Shield of Georgia and their affiliates
- Empire

Provider Information Section:

- Enter Provider Name
- Enter Doing Business As Name (if applicable)

Provider Information

Provider Name*

Doing Business As Name(DBA)



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Provider Address Section:

- Enter Street Address
- Enter City
- Enter State/Province
- Enter Zip code
- Country Code = USA

Provider Address	
Street*	<input type="text"/>
City*	<input type="text"/>
State/Province*	<input type="text"/>
Zip Code/Postal Code*	<input type="text"/>
Country Code	<input type="text"/>

Provider Data Section:

- Enter Agency/Billing Provider Tax ID
- Enter Agency/Billing Provider NPI
- Trading Partner ID is NY01097C

Provider Data	
Do not submit duplicate requests for the same Tax ID or Tax ID/NPI combination.	
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)*	<input type="text"/>
National Provider Identifier	<input type="text"/>
Trading Partner ID*	NY01097C



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Provider Contact Information Section:

- Enter Contact Name
- Enter Agency/Billing Provider Phone #
- Enter phone extension if applicable
- Enter Email Address
- Enter Fax Number

Provider Contact Information	
Contact*	<input type="text"/>
Telephone Number*	<input type="text"/>
Telephone Number Ext.	<input type="text"/>
Email Address*	<input type="text"/>
Fax Number	<input type="text"/>

Preferences Section:

- Select information as shown below in the form

Preferences	
Preference for Aggregation of Remittance Data*	Method of Retrieval
<input type="radio"/> Tax Identification Number	Clearinghouse (HTTPS) 02 ▾
<input checked="" type="radio"/> National Provider Identifier	

Clearinghouse Information Section:

- Enter the Clearinghouse Information

Clearinghouse Information	
Clearinghouse Name	EMDEON
Clearinghouse Contact Name	ENROLLMENT HELP DESK
Telephone Number	8669244694
Email Address	payerregistration@emdeon.com



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Authorized Signature Section:

- Enter name of person submitting registration in the “Printed the Name of Person Submitting Registration” field.
- Enter the title of the person submitting registration in the “Printed Title of Person Submitting Registration” field.
- Submission Date should be pre-populated (enter in today’s date if not pre-populated).
- Ensure that the box is checked in the “By clicking submit, I acknowledge that I am authorized to act on behalf of the entity identified above.”

Once you have completed all the fields, click the submit button to send the form.

← → ↻ <https://wellpoint-int.columncloud.com/SR/ERAEnrollmentSR.jsp>

E-Solutions ERA (835) Registration Form

* denotes required field

Payer

Anthem CT, ME, NH, OH, KY, IN, MO, WI, VA
 Blue Cross and Blue Shield of Georgia and their affiliates
 Empire

Provider Information

Provider Name*

Doing Business As Name (DBA)

Provider Address

Street*

City*

State/Province*

Zip Code/Postal Code*

Country Code

Provider Data

Do not submit duplicate requests for the same Tax ID or Tax ID/NPI combination.

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)*

National Provider Identifier

Trading Partner ID*

Provider Contact Information

Contact*

Telephone Number*

Telephone Number Ext.

Email Address*

Fax Number

Preferences

Preference for Aggregation of Remittance Data* Method of Retrieval

Tax Identification Number

National Provider Identifier

Clearinghouse Information

Clearinghouse Name

Clearinghouse Contact Name

Telephone Number

Email Address

Reason for Submission

New Registration Add to existing Trading Partner Registration

Change Registration Cancel Registration

Authorized Signature

Printed Name of Person Submitting Registration*

Printed Title of Person Submitting Registration*

Submission Date

By clicking submit, I acknowledge that I am authorized to act on behalf of the entity identified above.

[Submit](#)

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