



Electronic Remittance Advice Enrollment

Overview

Availity® supports the exchange of electronic remittance advice (ERA) files for Regence payers in the ASC X12 835 format. Complete the enrollment form on the following page to receive 835 ERA files from Regence payers through the Availity Health Information Network. **All information on the form is required unless noted otherwise.**

The enrollment process establishes an electronic mailbox where Availity places ERA files received from payers. Availity requires the provider's tax ID to establish an ERA receiver mailbox and to parse remittance transactions from the various payers. Availity will process your enrollment within three to five business days of receipt, and will send you a confirmation e-mail once enrollment is complete with your electronic receiver ID and password.

Billing Services and Clearinghouses

If you are a billing service or clearinghouse that wants to receive ERAs on behalf of one or more providers, you must have each provider complete and sign an enrollment form authorizing you to retrieve its remittance files, or you must submit a copy of your power of attorney for the provider with the enrollment form.

If you have questions regarding the enrollment process, contact Availity Client Services at 1.800.AVAILITY (282.4548).



Electronic Remittance Advice Enrollment Form

Add or change ERA account:

CHOOSE THE PAYER(S) WITH WHICH TO ENROLL
Regence BlueShield of Idaho (Payer ID 00611)
Regence BlueCross BlueShield of Oregon (Payer ID 00851)
Regence BlueCross BlueShield of Utah (Payer ID 00910)
Regence BlueShield (Payer ID 00932)
Asuris Northwest Health (Payer ID 93221)

Who will receive the ERA files?

If Other, please specify:

ENTER RECEIVER INFORMATION (print or type)		
Availity Customer ID**		
Receiver Name		
Receiver Address		
City	State	ZIP
Contact Name	Phone	Extension
E-mail Address	Fax	

To locate your Availity customer ID, click **Who controls my access? at the top of the Availity portal.

ENTER PROVIDER INFORMATION (print or type)		
Provider Organization Name		
Provider Tax ID (required)	Provider NPI (required)	
Provider Mailing Address		
City	State	ZIP
Authorized Name**	Phone	Extension
E-mail Address	Fax	
Authorized Provider Signature**	Date	

****Important Note:** The name and signature provided must be that of an individual who is authorized to sign documents for the practice requesting this 835 enrollment. Billing services and clearinghouses requesting to receive ERAs on behalf of one or more providers must have each provider complete and sign this form.

If you have questions about your enrollment, contact Availity Client Services at 1.800.AVAILITY (282.4548). Return this completed, signed form via mail or fax to:

Availity, LLC
P.O. Box 550857
Jacksonville, FL 32255-0857
(FAX) 972.383.6415

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