



www.gatewayedi.com
501 N. Broadway, 3rd Floor
SAINT LOUIS, MISSOURI 63102
(314) 802-6700 (800) 969-3666 FAX (314) 898-1932

CALIFORNIA BLUE SHIELD ERA/EFT Professional or Institutional

Please mail all pages of the completed forms to:

Gateway EDI, a TriZetto Co.
Provider Enrollment Dept.
501 N. Broadway, 3rd Floor
St. Louis, MO 63102

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- Due to system or processing changes, it may be necessary for the payer to change their agreements. If this occurs during your enrollment process, you may be asked to complete an updated form.
 - If the Tax ID submitted on this enrollment form is associated with more than one office, all remittances for that Tax ID regardless of who submits the claim, will be returned to that vendor.



Electronic Payments Enrollment Form Guide and Form

Please use this guide to complete the attached Provider Authorization form. Missing or incomplete information within the form may delay your enrollment. Please do not send or fax this guide with your completed form.

- Use one form per bank account authorized for deposit of your claims payments
- Indicate only Billing Tax ID numbers for which funds will be deposited in the authorized account (Provider Business Information)
 - Indicate only NPI numbers for which funds will be deposited in the authorized account (Provider Business Information)
- Attach a copy of a voided check (photocopy voided checks for fax submissions)
- Enrollment requests cannot be processed without the copy of the voided check
 - "Starter" checks or deposit slips cannot be accepted due to incomplete bank routing information
 - Banking information provided in the enrollment form must match the voided check

Find Routing Number on Your Check

The diagram shows a check with the following fields and their corresponding information:

- Your Name** and **Your Address** are at the top left.
- DATE** is in the top right corner.
- 1001** is in the top right corner, above the date.
- PAY TO THE ORDER OF** is on the left side.
- \$** and **DOLLARS** are on the right side.
- Your Bank Name** is in the middle left.
- MEMO** is in the middle left, below the bank name.
- 123456789** is the 9-digit routing number, located at the bottom left.
- 0000987654321** is the account number, located at the bottom middle.
- 1001** is the check number, located at the bottom right.

9 Digit Routing Number Your Account Number Check Number

- Select a Remittance Advice (EOB) Option
- Direct EDI Trading Partners may receive 835 electronic remittances (ERA) directly from Blue Shield
 - Authorize a vendor/clearinghouse to receive electronic remittance (electronic EOB data to automate your payment posting) your behalf (visit blueshieldca.com/provider/edi for the full list of Blue Shield approved vendors/clearinghouses)
 - Elect to retrieve your Explanation of Benefits online at blueshieldca.com/provider.
- Forms must be signed by authorized individuals
- Practitioner (MD, DO, DC, DDS, PhD, etc)
 - Corporate Officer or Authorized Manager (CEO, CFO, Office Manager, Billing Manager, etc.)

Blue Shield of California
Attn: EDI
4700 Bechelli Lane
Redding, CA 96002

Fax to: EDI/Blue Shield at (866) 276-8456
Email: bsc_edi@blueshieldca.com

Trading Partner Enrollment Form



Provider Authorization Form Electronic Payment Information

- Designate a bank account for deposit of your claims payment amounts via Electronic Funds Transfer (EFT)
- Indicate how Remittance Advice (ERA) files will be received on your behalf

Provider Business Information			
Name of Provider Organization: Monterey County Health Department Laboratory			
Billing Tax ID Number(s): 946000524			
NPI(s) (National Provider Identification): 1326125337			
Physical address: 1270 Natividad Road			
City: Salinas		State: CA	Zip: 93906
Primary contact name:		Telephone:	
Email Address:		Fax:	
Remittance Election Choose One:	<input type="checkbox"/> Trading Partner Enrolled to Receive ERA via SFTP Direct from Blue Shield		
	<input checked="" type="checkbox"/> Authorizing the Third Party Vendor/Clearinghouse below to Receive ERA		
	<input type="checkbox"/> Provider will retrieve EOBs online via blueshieldca.com/provider		
Vendor/Clearinghouse or Trading Partner authorized to receive ERA:			
Name: Gateway EDI			
Address: 501 N. Broadway, 3rd Floor			
City: St. Louis		State: MO	Zip: 63102
Technical contact name: PE Approval Department		Telephone: 800-969-3666	
Email Address: PEApprovals@gatewayedi.com		Fax: 314-898-1932	
Bank Information Authorized for Deposit of Funds			
Bank name:		Branch phone:	
Branch address:			
Administrative contact:		Contact phone:	
Bank Routing Number (9 digits):		Bank Account number:	
Attach a copy of a voided check to confirm banking information. Deposit slips are not accepted.			
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 or retrieved via direct connection. EOBs will be downloaded via secure online access if electronic remittance is not elected.

We will discontinue sending paper Explanation of Benefits (EOB) at the time of enrollment. Copies of paper provider EOB are available online in the Claims section of our provider website, blueshieldca.com/provider. 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 of any changes to Third Party information authorized to receive electronic remittance advice or account information for electronic funds transfer.

Blue Shield of California
Attn: EDI
4700 Bechelli Lane
Redding, CA 96002

APPROVED AS TO FORMS AND LEGALITY

Fax to: EDI/Blue Shield at (866) 276-8456
Email: bsc_edi@blueshieldca.com

MONTEREY COUNTY COUNTY CLERK

Trading Partner Enrollment Form

