Blue Cross and Blue Shield of North Carolina
835 Enrollment Form Guideline

Field	Entry
Provider Name	Enter the name of the provider or institution.
Doing Business As Name (DBA)	Enter the entity's business name.
Provider Address	
Street	Number, Street and Suite Number.
City	City Where the Provider's Office is located.
State/Province	State Where the Provider's Office is located.
Zip Code/Postal Code	Zip Code Where the Provider's Office is located.

Provider Identifiers Information	
Provider Federal Tax Identification Number (TIN) Or Employer Identification Number (EIN)	Enter either one tax identifier.
National Provider Identifier (NPI)	Generally, your Type 2 (Group) NPI should be used, not your Type 1 (individual) NPI.

Provider Contact Information	
Provider Contact Name	
Title	
Telephone Number	
Telephone Number Extension	
Email Address	
Fax Number	

Electronic Remittance Advice Information	
National Provider Identifier (NPI)	Generally, your Type 2 (Group) NPI should be used, not your Type 1 (individual) NPI.
Method of Retrieval	
Direct	Select Direct if the provider will be receiving the 835 directly from BCBSNC.
Clearinghouse	Select Clearinghouse if the 835s will be sent to a clearinghouse before going to the provider.

Electronic Remittance Advice Clearinghouse Information	
Clearinghouse Name	Official Name of the Clearinghouse.
Clearinghouse Contact Name	
Telephone Number	
Email Address	

Electronic Remittance Advice Vendor Information	
Vendor Name	Official Name of the Billing Service if one is used.
Vendor Contact Name	
Telephone Number	
Email Address	

Submission Information	
Reason For Submission	
New Enrollment	If you currently do not receive an 835 from BCBSNC and wish to, then select "New Enrollment".
Change Enrollment	If you currently receive an 835 from BCBSNC but want to change clearinghouses or some other change in the transmission route, then select "Change Enrollment".
Cancel Enrollment	If you wish to no longer receive 835s from BCBSNC, then select "Cancel Enrollment".
Authorized Signature	
Electronic Signature	Type name of the person submitting.
Printed Title of Person Submitting Enrollment	
Submission Date	Date this request was submitted to BCBSNC.
Requested ERA Effective Date	Date when you would like the 835 to begin/stop.