



Nebraska BCBS ERA's

If you wish to receive Electronic Remittance Advice (ERA's) from BCBS, complete the attached agreement and return it to Infinedi.

Provider Number Requirements

If billing by group, two separate provider numbers are required; a group billing provider number and the rendering provider numbers.

- Group billing provider numbers must consist of:
Five numerics
For example: 12345
- The rendering provider number consists of:
Five numerics
For example: 12345

Agreement Instructions

- Complete the top section of the ERA agreement.
- Complete the EFT section of the agreement, if you want to have your funds electronically transferred by BCBS.

Please complete agreements and fax or mail back to:

Infinedi
Attn: Enrollment Dept.
1437 S Boulder Ave
Suite 1030
Tulsa, OK 74119-3616
Fax #: 918-249-4460

If you have any questions, contact our client implementation department at 800-688-8087



Electronic Remittance Advice and Electronic Funds Transfer Enrollment Form

Please check the appropriate box: Enroll Change
Please fax this form to Sean Blair (402-392-4139) or Howard Jones (402-343-3457)

Please complete the following information. (Please note: Incomplete fields may result in processing delays.)
Practice Information:

| | |
|--|---|
| Name: _____ | Tax Identification Number (TIN): _____ |
| Contact Name: _____ | Email Address: _____ |
| Phone Number: (____) _____ | Fax Number: (____) _____ |
| Primary Service Address _____ _____ _____ | Primary Billing Address: _____ _____ _____ |

ERA

Vendor/Clearinghouse Name (who you are working with to receive your ERA File): Infinedi, LLC 1301006

Vendor/Clearinghouse Contact Name: Enrollment Department

Email Address: payerapproval@infinedi.net Contact Phone Number: (800) 688-8087

OR

I am not working with a Vendor/Clearinghouse and prefer to receive my remit directly.

If you are a direct submitter, please indicate your Trading Partner Number: _____

Do you want our **FREE** ERA Software, BPERS? Yes No

EFT

Bank Name: _____ Address: _____

Bank Routing Number (9-digits found on check, NOT deposit slip): ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Account Number: _____ Account Type: Checking Savings

Signature: _____

If you have questions, please contact:

Sean Blair
(serves offices in Omaha and South of I-80)
Phone: (402) 392-4205
1-888-233-8351 (options 4, 1)
e-mail: sean.blair@bcbsne.com sean.blair@bcbsne.com

Howard Jones
(serves offices located in Lincoln and North of I-80)
Phone: (402) 343-3301
1-888-233-8351 (options 4, 2)
e-mail: howard.jones@bcbsne.com

Print Form

Reset Form

Internal use only: