



**BlueCross BlueShield
of Nebraska**

An Independent Licensee of the Blue Cross and Blue Shield Association.

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): _____

Vendor/Clearinghouse Contact Name: _____

Email Address: _____ Contact Phone Number: (_____) _____

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

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Internal use only: