

BLUE CROSS BLUE SHIELD OF TENNESSEE (00890) PRE-ENROLLMENT INSTRUCTIONS



WHAT FORM(S) SHOULD I DO?

- [Electronic Billing Request](#)
- Please fill out section I with Provider NPI# and Tax Identification Number
- Please fill out section II with Office Ally's information:
 - Select the X for filling with third party/Billing Agent
 - Billing Agent/Clearinghouse Name: Office Ally
 - Billing Contact: Customer Service
 - Phone: 360-975-7000 option 1
 - Third Party Submitter ID Number:330897513
 - Address: PO Box 872020, Vancouver, WA 98687

NOTE: Do not complete section III – User Access

WHERE SHOULD I SEND THE FORM(S)?

- Fax the form to (423) 535-7523, or;
- Email the form to eBusiness_service@BCBST.com;
- Mail the form to:

BlueCross BlueShield of Tennessee
Attn: Provider Network Services
1 Cameron Hill Circle, Ste 0007
Chattanooga, TN 37402-0007

WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- Standard processing time is 15-30 business days.

HOW DO I CHECK STATUS?

- Approval notices will be sent directly to the provider's office. To check the status, call 800-924-7141 and ask if your provider id has been linked to Office Ally's submitter ID 330897513.
- Once you receive confirmation that you've been linked to Office Ally, to complete your enrollment follow instructions on the "Note to My Clients Plus Users" page and FAX info requested. We will forward to our clearinghouse and notify you by email when your registration is complete.

Note to My Clients Plus Users:

Once you have confirmed with the Insurance Payer your Billing NPI/ Provider Number is linked to Office Ally, please fax the following information to 888-653-7115.

- **Please label with “My Clients Plus” on top**
- **Provider/Practice Name as pre-enrolled with the Insurance Payer**
- **Fed Tax ID**
- **Billing NPI**
- **Insurance Payer (including state if BCBS, Medicare or Medicaid).**
- **The statement “I have verified my provider ID has been linked to Office Ally with the Insurance Payer”.**
- **Provider email address where you can be notified of setup completion.**
- **For EDISS or Noridian Pre-Enrollments Please Also Include:
Providers Submitter Number**

REVISED 9/29/16