



SOUTH CAROLINA BCBS ERA CONTRACT INSTRUCTIONS (SB880, SX085)

Please carefully read all instructions before beginning. The documents in this top section must be completed and sent to MD On-Line with your contract. PLEASE NOTE THAT THE CONTRACT MUST BE FAXED OR EMAILED TO MD ON-LINE.

MD On-Line Documents

1. ***Contract Set Up Form:*** Complete this page and return with your contract to MD On-Line. You can obtain the form by clicking [HERE](#)

2. ***ERA Registration Authorization Form:*** Complete this page with information regarding the providers/supplier you are billing for. Please send this form back to us with your ERA enrollment contract. Please note that if this form is completed and returned to MD On-Line within 30 days after your office has signed up with MD On-Line, any ERA setup fees will be waived. You can obtain the form by clicking [HERE](#)

Be sure to complete ALL required sections of each document. Failure to do so will result in forms being rejected and returned to you, delaying your approval to send claims electronically.

Carrier Specific Documents

Print these instructions. Keep them with you to refer to during the registration process.

This contract consists of 2 pages that must be completed, then printed and signed, then faxed or emailed to MD On-Line.

Page 1: **ADDENDUM TO ERA ENROLLMENT FORM FOR BILLING SERVICES AND CLEARINGHOUSES BLUECROSS BLUESHIELD OF SC**
Fill in the provider's information for whom you are enrolling in ERA. Have the person who is authorized to sign on behalf of the provider/group sign in the designated area.

Page 2: **ADDENDUM TO ERA ENROLLMENT FORM FOR BILLING SERVICES AND CLEARINGHOUSES BLUECROSS BLUESHIELD OF SC**
Fill out this page ONLY IF you have satellite offices that will be receiving ERA's. Otherwise, there is nothing to complete on this page.

When complete, print the form. Sign where indicated on page 1. Fax or Email the form to:

888-837-2232
setup@mdol.com

**NOTE: PLEASE DO NOT SEND THE FORM DIRECTLY TO BCBS. FAX OR EMAIL
THE FORM TO MD ON-LINE ENROLLMENT ONLY.**

Have questions or need assistance? Contact the MD On-Line Enrollment
Department at 888-499-5465 opt 4 or setup@mdon-line.com

**ADDENDUM TO ERA ENROLLMENT FORM
FOR BILLING SERVICES AND CLEARINGHOUSES
BLUECROSS BLUESHIELD OF SC**

2300 Springdale Drive Attn: AG-280 Camden, SC 29020-1728

I hereby authorize MD On-Line, Inc. to receive Electronic
 BILLING SERVICE / CLEARINGHOUSE
 Remittances Advices (ERA's) on my behalf. I understand that ERA's contain payment information
 concerning my processed BCBSSC and all BCBSSC intermediaries claims. I am authorized to endorse this
 addendum on my behalf of my company, and I acknowledge that it is my responsibility to notify BCBSSC
 in writing if I wish to revoke this authorization.

BCBSSC PROVIDER NUMBER		TRADING PARTNER / SUBMITTER ID NUMBER CGW0518NJ3
NATIONAL PROVIDER IDENTIFIER (NPI #)		NAME / TITLE (PLEASE PRINT)
CORPORATE / HEADQUARTERS NAME		SIGNATURE
ADDRESS		DATE
CITY/ STATE / ZIP		PHONE NUMBER
		EMAIL ADDRESS

