

Blue Cross Blue Shield of Nebraska

Attention Providers:

To start receiving ERAs electronically for Blue Cross Blue Shield of Nebraska through EDS you will need to follow the instructions below.

Payer:	Blue Cross Blue Shield of Nebraska	
Payer ID:	CBNE1	
For Enrollment Questions:	Contact the EDS Enrollment Department at (800) 482-3518 or Enrollment@edsedi.com	
Enrollment Application:	Electronic Remittance Advice (ERA/835) Request Form	
Upload, Email or Fax Application to:	Contact the EDS Enrollment Department at (800) 482-3518 or Enrollment@edsedi.com	
Special Instructions:	ENROLLMENT IS FOR IN STATE PROVIDERS ONLY	
Approval Process and Timeframes:	Payer estimates 2-3 business days from the date of submission. EDS will deliver ERAs directly to the EDS Portal upon receipt.	



Electronic Remittance Advice (ERA) Authorization Agreement

To start receiving your ERAs from the payer through EDS you will need to follow the instructions below. (* indicates required field)

*Payer Name					
A. Provider Information					
*Provider Name					
*Provider Address					
Street:	T T	G	77. 0.1 79. +10.1		
City:		State/Province:	Zip Code/Postal Code:		
B. Provider Identifie	rs Information				
Provider Federal Tax Ident Employer Id	tification Number (entification Numbe				
National Provider Identifier (NPI)					
C. Provider Contact Name					
*Contact					
*Telephone Number					
*Email Address					
D. Electronic Remittance Advice Information					
*Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)					
Provider Tax Identific	cation Number (TIN	N)			
National Provider Identifier (NPI)					
D. Submission Information					
*Reason for Submission					
New Enrollment	Change Enro	ollment	Cancel Enrollment		
Authorized Signature					
Electronic or Printed Signature of Person Submitting Enrollment					
Title of Person Submitting Enrollment					