



# BCBS OF TENNESSEE (00890) PRE-ENROLLMENT INSTRUCTIONS

## WHICH FORM(S) SHOULD I DO?

- [Electronic Billing Request](#)
    - Please fill out Section I with Provider NPI and Tax ID
    - Please fill out Section II WITH Office Ally's information:
      - Select the X for filing 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 to [eBusiness\\_service@BCBST.com](mailto:eBusiness_service@BCBST.com); OR
- Mail to:
  - BlueCross BlueShield of Tennessee
  - Attn: Provider Network Services
  - 1 Cameron Hill Circle, Ste 0007
  - Chattanooga, TN 37402-0007

## WHAT IS THE TURNAROUND TIME?

- 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 have been linked to Office Ally, you **MUST** call us at (360) 975-7000 Option 1 and inform us of the approval **PRIOR** to submitting claims electronically