



**Provider Authorization Form
Release of Electronic Remittance Advice to a Third Party**

Provider Information					
Provider Name					
Tax Identification					
BSC Provider Number					
NPI (National Provider Identification)					
Physical Address					
City		State		Zip	
telephone		Fax			
Email Address					
Date form sent to BSC		Target Set up date			
Billing Service Information					
Billing Service Authorized to receive 835	Office Ally, LLC Account : mcpadmin				
Address	31601 S. Coast Highway				
City	Laguna Beach	State	CA	Zip	92651
telephone	(949)464-9129	Fax	(949) 376-6951		
Email Address	support@officeally.com				
Billing Service Technical Contact name	Gloria Chung				

This form will certify that the billing service entity named above is authorized to receive the provider electronic remittance advice (also known as the 835), that the provider listed above has complied with HIPAA and other relevant requirements authorizing the billing service to receive such protected health information on their behalf, and that Blue Shield of California will be held harmless from any liability pertaining to the release of information to the aforementioned billing service. **The provider is responsible to notify Blue Shield of California if there are any changes authorizing this billing service to receive the electronic remittance advice.**

Authorized Provider Signature

Date Signed

Please return via fax or mail to

Attention: EDI
Blue Shield of California
4700 Bechelli Lane
Redding CA 96002
FAX: 530-351-6150