

**Capital BlueCross/Capital Advantage Insurance Company/Capital
Advantage Assurance Company**

Electronic Data Interchange (EDI) Election Form

This is to advise Capital BlueCross and its wholly owned affiliates that _____ (Provider Name)
elects to receive the following reports in the manner described below.

**Please check all transactions you wish to receive electronically from Capital BlueCross, CAIC,
CAAC and Keystone Health Plan Central:**

- ☐ Statement of Remittance (eSOR)
- ☐ Debit Balance Report (eDBR)
- ☐ Claims Rejected to Member (eCRR)

List Capital BlueCross Group Provider Numbers covered by this election:

List National Provider Identifier (NPI) Numbers Covered by this election:
(Please provide Type 2 – Organization NPI(s), not Type 1 – Individual NPI(s))

If you choose to enroll for the electronic SOR, DBR or Capitation Roster, you agree to receive all your reports electronically for any such selected transactions, and you will no longer receive a paper report by mail at any time. You will be able to access the most recent twelve (12) months of online reports, which will still be available for quick, convenient access.

Capital BlueCross shall be entitled to rely on this letter until revoked by you in writing.

Provider understands that Capital BlueCross reserves the right to modify its policies relating to the release of confidential information, including the release of subscriber information to providers or their agents, at any time. You must sign and return one original of this document prior to receiving any elected reports electronically from Capital BlueCross.

Signature: _____ **Phone #:** _____
(Must be an Officer of the Provider)

Print Name: _____ **Email:** _____

Title: _____ **Date:** _____