

EDI Change Form Instructions

The change form is to be used to:

- a) change trading partner or vendor information, OR
- b) add additional NPI or transaction

Section 1

Trading Partner Information:

- Trading Partner Number - enter your existing trading partner number
- Organization Name - print name of the organization submitting files
- Mailing Address - print the address of the organization
- City, State, Zip - print the city, state and zip code of the organization
- Contact Name(s) - print the contact name(s) for the organization
(information will only be released to names on file)
- Telephone # - print telephone number of organization
- Fax # - print fax number of organization
- E-mail Address - print e-mail address of contact at the organization

Section 2

Vendor Information:

- Software Company Name - print name of software company that supports your practice management software
- Mailing Address - print address of software company
- City, State, Zip - print city, state and zip code of software company
- Contact Name(s) - print contact name(s) for the software company
- Telephone # - print telephone number of software company
- Fax # - print fax number of software company
- E-mail Address - print e-mail address for software company

Section 3

NPI and Transactions:

Blue Cross and Blue Shield of Kansas (BCBSKS) – 10 digit NPI billing number

*****You must indicate the transaction to be added with the NPI and provider name*****

Completed EDI enrollment forms may be faxed to: 785-290-0720

Emailed to: askedi@ask-edi.com

Mailed to:

Blue Cross and Blue Shield of Kansas
P.O. Box 3500
Topeka, KS. 66601-3500

EDI Change of Information Form

This form is to be used to:

- a) change trading partner or vendor information, OR
- b) add additional NPI or transaction

To change trading partner contact information:

- e-mail new contact information to askedi@bcbsks.com
(only if e-mail address contains name of facility) OR
- fax new contact information on company letterhead to 785-290-0720.

Section 1: Trading Partner Information

Trading Partner Number _____
Organization Name (legal name): _____
Mailing Address: _____ _____
City: _____
State: _____ Zip: _____
Telephone #: (____) _____
Fax #: (____) _____
E-mail Address: _____

Section 2: Vendor Information

Software Company Name: _____
Mailing Address: _____ _____
City: _____
State: _____ Zip: _____
Contact Name: _____
Telephone #: (____) _____
Fax: (____) _____
E-mail Address: _____

Section 3: NPI and Transactions

Select the appropriate transaction for the Organizational (Billing) NPI you are enrolling.

<u>Payers</u>	<u>NPI</u>	<u>Provider Name</u>
Blue Cross Blue Shield of Kansas (BCBSKS): <input type="checkbox"/> 837P (professional claims) <input type="checkbox"/> 837I (institutional claims) <input type="checkbox"/> 837D (dental claims) <input type="checkbox"/> 270/271 (eligibility inquiry/benefits) <input type="checkbox"/> 276/277 (claims status)	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

General Information

Please provide in writing to Blue Cross and Blue Shield of Kansas any future changes to the information contained in this EDI setup form within 5 business days of the change.

Blue Cross and Blue Shield of Kansas will make every attempt to give 60 days notices of any material changes to the EDI system that may effect trading partner data transmissions. Updates to any system changes will be made through the e-mail list notification on the Blue Cross and Blue Shield of Kansas Web site. Trading partners are responsible for signing up for the e-mail list notifications.

In an effort to keep our records up to date, provider numbers with no activity for at least six months will be removed from a trading partner number. Once removed from a trading partner number, the EDI enrollment form will need to be completed to re-add this number.

Kansas law applies to this business relationship.

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*****All pages of EDI enrollment form must be returned*****