

**EDI Enrollment Form Instructions
Application for Electronic Remits (835) Enrollment**

Section 1

Request Type:

Indicate whether request is for a new enrollment or to add a provider number to an existing trading partner number.

Section 2

Trading Partner Information:

- Trading Partner Number - enter if you are an existing trading partner
- Organization Name - print name of the organization submitting files or trading partner
- 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 3

Type of Organization (new trading partner enrollments only):

Please indicate if you are a clearinghouse or billing service. Leave blank if neither description fits the organization.

Section 4

Vendor Information (new trading partner enrollments only)

- 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 5

Communication Type (new trading partner enrollments only):

Indicate whether you will be using Internet file transfer, network service vendor, or FTP file transfer. If using FTP, please indicate the compression and transfer type.

Section 6

Billing Provider Numbers:

Enter all billing provider numbers you will be requesting remits under.

*****As of 12/1/07 – Requests to add provider numbers must include a valid NPI. Forms received without the NPI will be returned.**

Blue Cross and Blue Shield of Kansas – 6-digit group number
NPI – 10 digit billing number

Section 7

Provider Information (only if different than trading partner information)

- Provider/Organization - print name of provider/organization
- Address - print address of provider/organization
- City, State, Zip Code - print city, state and zip code of provider/organization
- Attention/Contact Name - print attention or contact name (optional)
- Telephone # - print telephone number
- Fax # - print fax number
- E-mail Address - print e-mail address (optional)

Section 8

Signatures:

A signature is required from the provider or an authorized provider representative. By signing this agreement it is understood that any previous 835 enrollment for the indicted provider number(s) will be overridden.

Completed EDI enrollment forms may be sent to:
Blue Cross Blue Shield of Kansas
P.O. Box 3500
Topeka, KS. 66601-3500
Fax number: 785-290-0720

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

**EDI Enrollment Form
ANSI 835
Payment/Advice (004010X091A1)**

Section 1: Request Type:

- New enrollment (request for a new trading partner number)
 Existing trading partner adding additional provider numbers

Section 2: Trading Partner Information:

Trading Partner Number: (for existing trading partner) _____

Organization Name: (legal name) _____

Mailing Address: _____

City: _____

State: _____ **Zip:** _____

Contact Name(s): _____

Telephone #: _____

Fax #: _____

E-mail Address: _____

Section 3: Type of Organization (new trading partner enrollment only):

- Clearinghouse
 Billing Service
(Leave blank if neither description fits the organization)

Section 4: Vendor Information (new trading partner enrollment only):

Software Company Name: _____

Mailing Address: _____

City: _____

State: _____ **Zip:** _____

Contact Name: _____

Telephone #: () _____

Fax #: () _____

E-mail Address: _____

Section 5: Communication Type (New Trading Partner enrollment only):

- Internet
- Network Service Vendor (i.e.: IVANS or Vision Share)
- FTP - choose compression type and transfer type if using FTP

Compression Type

- Encryption
- PKZip
- UnixComp
- UnixTar
- UnixZip
- None

Transfer Type:

- ASCII
- Binary
- None

Section 6: Billing Provider Numbers /NPI:

***** As of 12/1/07 – Requests to add provider numbers must include a valid NPI. Forms received without the NPI will be returned.**

	<u>Payer Provider Number(s)</u>	<u>NPI</u>	<u>Provider Name</u>
Blue Shield and Blue Cross of Kansas			

Note: Provider numbers can only be loaded under one trading partner number for the 835 (electronic remittance).

Provider number(s) setup will be completed within 3-5 business days of receipt.

- If interested in submitting 837(claims) complete EDI Enrollment Form for 837, or the EDI change form, if you are an existing trading partner.

Section 7: Provider Information:

Provider will be notified of 835 enrollment(s). Please submit provider information below if different than trading partner information:

*** = Required**

Provider/Organization: _____ *

Address: _____ *

City, State, Zip: _____ *

Attention/Contact Name: _____

Telephone #: _____ **Fax#:** _____ *

E-mail Address: _____

Section 8:

Signatures A signature is required from either the provider or an authorized provider representative. Only one billing provider may be enrolled per form.

****Signing this agreement will override any previous 835 enrollments for the indicated provider numbers.**

Provider or Providers Representative:

(Sign)

(Date)

(Print Name)

(Print Title)

General Information

Please provide in writing to Blue Cross 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 Blue Shield of Kansas will make every attempt to give 60 days notice of any material changes to the EDI system that may effect trading partner data transmissions. Updates to any system changes will be made through e-mail list notification on the BCBSKS 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.

Completed forms can be sent to:
Blue Cross Blue Shield of Kansas
P.O. Box 3500
Topeka, KS 66601-3500

Fax number: 785-290-0720

*****All pages must be returned*****