

EDI Enrollment Form Instructions
Application for New Trading Partner Number and Claim (837) Enrollment

Section 1

Trading Partner Information:

- 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

Type of Organization:

Please indicate if you are a clearinghouse or billing service. Leave blank if description does not apply.

Section 3

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 4

Communication Type:

Indicate whether you will be using Internet, Secure File Transfer Protocol (FTP), Dial Up FTP, or a Network Service Vendor. If using dial up FTP, please indicate the compression and transfer type.

Section 5

NPI:

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

Section 6

Signatures:

The signature of provider or provider representative is required, OR signature of business associate of the listed provider(s) acting on their behalf.

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

emailed to: askedi@bcbsks.com

Mailed to:

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

*****All pages of EDI enrollment form must be returned.*****
Enrollment Form
Application for New Trading Partner Number
ANSI 837
Claims (004010X096A1, 004010X097A1, 004010X098A1)

Section 1: Trading Partner Information

Organization Name (legal name): _____
Mailing Address: _____ _____
City: _____
State: _____ Zip: _____
Contact Name 1: _____
Contact Name 2: _____
Telephone #: (____) _____
Fax #: (____) _____
E-mail Address: _____

Section 2: Type of Organization

Clearinghouse Billing Service (Leave blank if neither description applies)
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Section 3: Vendor Information

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

Section 4: Communication Type

Internet Secure FTP Network Service Vendor (i.e.: IVANS or Vision Share) Dial Up FTP – choose compression type and transfer type if using FTP <u>Compression Type</u> Encryption PKZip UnixComp UnixTar UnixZip None	<u>Transfer Type:</u> ASCII Binary None
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Section 5: NPI

<u>Choose One:</u> Professional Institutional Dental	<u>NPI Billing Number(s)</u>	<u>Name of Billing Provider</u>

Blue Cross and Blue Shield of Kansas (BCBSKS)
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Note:

- Trading partner setup will be completed within 3-5 business days of receipt.
- To enroll for the 835(electronic remittance) complete the EDI enrollment form for 835.

Section 6: Signatures

A signature is required from either the provider, provider representative, or the provider's business associate.

I am requesting a new trading partner setup.

Provider or Provider's Representative:

(Sign) (Print) (Date)

OR

Provider Business Associate:

(Sign) (Print) (Date)

By signing you are indicating you are the business associate of the above listed providers and acting on their behalf.

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 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 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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