

EDI Enrollment Form

1 REQUEST TYPE

- New Trading Partner Enrollment
 ADD Provider to existing Trading Partner - #
 Update/Change existing Trading Partner - #

Description of update/change:

2 TRADING PARTNER INFORMATION

Trading Partner Name: _____
Street Address 1: _____
Street Address 2: _____
City: _____
State: _____
Zip: _____
Contact Name: _____
Telephone Number: _____ Extension: _____
Office Fax Number: _____
Internet E-mail Address: _____
Federal Tax ID/Social Security Number: _____

Trading Partner Type: (check all that apply)

- | | | | |
|--------------------------|---------------------------------|--------------------------|-----------------|
| <input type="checkbox"/> | Professional Provider | <input type="checkbox"/> | Software Vendor |
| <input type="checkbox"/> | Billing Service | <input type="checkbox"/> | IPA |
| <input type="checkbox"/> | Institutional Provider/Facility | <input type="checkbox"/> | MSO |
| <input type="checkbox"/> | Clearinghouse | | |

3 ELECTRONIC TRANSACTIONS (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> 837 Dental | <input type="checkbox"/> 270/271 Eligibility |
| <input type="checkbox"/> 837 Institutional | <input type="checkbox"/> 276/277 Claims Status |
| <input type="checkbox"/> 837 Professional | <input type="checkbox"/> 278 Authorization |
| <input type="checkbox"/> 835 ERA | <input type="checkbox"/> Electronic Funds Transfer |

4 SOFTWARE VENDOR INFORMATION

Name of Software: _____
Vendor Name: _____
Vendor Address: _____
Vendor City: _____
Vendor State: _____
Vendor Zip: _____
Vendor Contact Name: _____
Vendor Telephone Number: _____ Extension: _____

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5 TESTING INFORMATION

Testing Contact Name: _____
Testing Contact Telephone: _____ Extension: _____
Testing Contact E-mail Address: _____

6 TRANSMISSION INFORMATION

California Automated Bulletin Board Systems (CABBS)
Secure File Transfer Protocol (SFTP)

Note:

CABBS - Only the 837 transaction can be submitted.

SFTP - Additional information will be required. A separate form will be forthcoming.

7 BLUE SHIELD PROVIDER IDENTIFICATION NUMBER

Please list all numbers you will use to bill Blue Shield.
