An Independent Licensee of the Blue Cross and Blue Shield Association

EDI Enrollment Request 837 and 27x Transaction

SECTION I

Vendor/Clearinghouse Name	Phone	Ext

Contact Name	Blue Cross Vendor ID

SECTION II

837 Claims Batch	**SUBMITTER ID**	**AUDIT REPORT DIRECTORY**
27x Eligibility/Claim Status (Real-time)	**SUBMITTER ID**	

SECTION III

Practice/Facility Name:

Name of Individual Provider	Individual NPI	Tax ID

To enroll additional providers attach a spreadsheet with the following: Submitter ID, Provider Name, Individual NPI, Tax ID, Signature and Date.

The undersigned herby:

- Represents and warrants that he or she has full power and authority to execute this agreement on the behalf of the healthcare provider identified in Section III (Provider) and to bind the Provider to the terms and conditions of this agreement;
- Authorize Blue Cross and Blue Shield of Alabama (Blue Cross) (1) to disclose protected health information to the business associate identified in Section I (Business Associate); and (2) to return Provider Passwords to Business Associate.
- Agrees to notify Blue Cross if a Business Associate changes;
- Agrees that Provider will be responsible for all electronic transactions submitted by or on behalf of Provider and shall have access to all original source documents and medical records related to Provider's submissions. All incorrect payments shall be adjusted in accordance with Blue Cross guidelines;
- Agrees that Provider will use sufficient security procedures to ensure all transitions of documents are authorized and protect all data from improper access; and
- Agrees to establish and maintain procedures and controls so that information concerning Blue Cross, shall not be used by agents, officers or employees of the billing service except as provided by Blue Cross.

Name and Title of Authorized Representative of Provider	Signature	Date

Completed form should be faxed to EDI Services at 205-733-7362 or emailed to EDIEnrollment@bcbsal.org