



EDI Support toll free:
(888) 883-2720

Trading Partner 837 and 835 Enrollment Form

→ The Provider or Facility is: ←

- NEW Filing Electronically for the FIRST time EVER to BCBSGA
- ADDING Provider(s) to YOUR existing setup
- Changing Clearinghouse Changing Billing Service
- Changing to file DIRECT Changing Address
- Changing Tax ID Adding 835 Remit

EFFECTIVE DATE: _____ (Required)

FAX completed forms to:

(404) 682-3238

- OR -

Mail completed forms to:

Blue Cross/Blue Shield of Georgia
EDI Services / G01407
3350 Peachtree Road
Atlanta, GA 30326

SECTION # 1: LOCATION INFORMATION (Required)

Tax ID #: _____ Old Tax ID # (Use ONLY if changing Tax ID #): _____

Practice/Facility Name: _____

Physical Address _____ (NO P.O. Box or Billing address)

City: _____ State: _____ Zip: _____ Email: _____

Contact Name: _____ Phone: _____ Ext: _____ Fax: _____

SECTION # 2: SUBMITTER INFORMATION (Required)

Choose only **ONE** of the following methods of submission → Clearinghouse Billing Service Direct *

Vendor Name: _____ Contact: _____

Phone: _____ Fax: _____ Email: _____

*Software Vendor Name if submitting DIRECT to BCBSGA: _____

SECTION # 3: TRANSACTION REQUEST (Required)

- 837 Professional (Blue Shield) 837 Institutional (Blue Cross) 837 Medicare A (Institutional)
- 837 Dental 837 Encounter 835 ERA: BCBS MEDICARE

Additional enrollment form required for the 200 Series transactions listed below. Please contact 1-800-638-9677 to Enroll.
270/271 Eligibility 276/277 Claim Status 278 Referral & Authorization Cert.

SECTION #4: PROFESSIONAL PROVIDER ENROLLMENT

LIST PROVIDER NAMES	NPI NUMBER (Required)	SPECIALTY OR TAXONOMY CODE	EDI # (BCBSGA Only)

NOTE: IF YOU ARE LISTING MORE THAN 3 PROVIDERS, PLEASE USE SECOND PAGE TO LIST ADDITIONAL PROVIDERS.

SECTION #5 : INSTITUTIONAL / FACILITY ENROLLMENT Choose from the following: BlueCross Medicare Part A Both

LIST FACILITY NAMES	MEDICARE A / OSCAR #	NPI NUMBER (Required)	TAXONOMY CODE (Required)	EDI # (BCBSGA Only)

Submitter Use Only

User ID	Submitter ID	Receive Date	Date of Completion / Fax
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Return Reason Codes

Code 1 - Provider not found in BC System	Contact Provider Relations at 404-231-0428 to add location, then refax form
Code 2 - Provider not found at this location in BC System	Contact Provider Relations at 404-231-0428 to add provider, then refax form
Code 3 - Tax ID not found in BC System	Contact Provider Relations at 404-231-0428 to add Tax ID, then refax form
Code 4 - Unable to hold Enrollment form till effective date	Refax Enrollment form within 24-48 hours of effective date.
Code 5 -NPI not found in our BC System	Please register your 10 Digit NPI Number at www.bcbsga.com

