

EDI Change Form Instructions

The change form is to be used to:

- a) change trading partner or vendor information, **OR**
- b) add additional NPI or transaction

Section 1	Trading Partner Information:	
	Trading Partner Number	- enter your existing trading partner number
	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	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 3	NPI and Transactions:	
	Blue Cross and Blue Shield of Kansas (BCBSKS)	- 10 digit Billing NPI number
	Blue Cross and Blue Shield of Kansas City (BCBSKC)	- 10 digit Billing NPI number
	HealthNow New York (HNNY)/ Blue Cross and Blue Shield of Western New York (BCBSWNY)/ Blue Shield of Northeastern New York (BSNENY)	- 10 digit Billing NPI number
	Preferred Health Professional (PHP)	- Tax ID number and 10 digit Billing NPI number
	EDI Midwest	- Tax ID number and 10 digit Billing NPI number (Contract Required)

*****You must indicate the transaction to be added with the NPI and provider name*****

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

emailed to: askedi@ask-edi.com

Mailed to: ASK
P.O. Box 3500
Topeka, KS. 66601-3500

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

For more information about electronic transactions visit www.ask-edi.com.

EDI Change of Information Form

This form is to be used to:

- a) change trading partner or vendor information,
OR
- b) add additional NPI or transaction

To change trading partner contact information:

- e-mail new contact information to askedi@ask-edi.com (only if e-mail address contains name of facility)
OR
- fax new contact information on company letterhead to 785-290-0720.

Trading Partner Information

Trading Partner Number: _____

Organization Name (legal name): _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Telephone #: _____
Area Code

Fax #: _____
Area Code

E-mail Address: _____

Section 1

Vendor Information

Software Company Name: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Contact Name: _____

Telephone #: _____
Area Code

Fax #: _____
Area Code

E-mail Address: _____

Section 2

NPI and Transactions

Select the appropriate transaction for the Organizational (Billing) NPI you are enrolling.

Section 3

Payers	Billing NPI Number(s)	Name of Billing Provider
Blue Cross Blue Shield of Kansas (BCBSKS): <input type="checkbox"/> 837P (professional claims) <input type="checkbox"/> 837I (institutional claims) <input type="checkbox"/> 837D (dental claims) <input type="checkbox"/> 270/271 (eligibility inquiry/benefits) <input type="checkbox"/> 276/277 (claims status)		
Blue Cross Blue Shield of Kansas City (BCBSKC): <input type="checkbox"/> 837P (professional claims) <input type="checkbox"/> 837I (institutional claims) <input type="checkbox"/> 837D (dental claims)		
New York Customers (Those submitting for HealthNow New York (HNNY) or Blue Cross Blue Shield of Western New York (BCBSWNY) or Blue Shield of Northeastern New York (BSNENY): <input type="checkbox"/> 837P (professional claims) <input type="checkbox"/> 837I (institutional claims) <input type="checkbox"/> 837D (dental claims)		
Preferred Health Professionals (PHP): <input type="checkbox"/> 837P (professional claims) <input type="checkbox"/> 837I (institutional claims)		
EDI Midwest Electronic Clearinghouse (Requires Contract) <input type="checkbox"/> 837P (professional claims) <input type="checkbox"/> 837I (institutional claims)		
TAX ID: Required for EDI Midwest		

General Information

Please provide in writing to ASK any future changes to the information contained in this EDI setup form within 5 business days of the change.

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

emailed to: askedi@ask-edi.com

Mailed to: ASK
P.O. Box 3500
Topeka, KS. 66601-3500

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

* Administrative Services of Kansas (ASK) is Blue Cross and Blue Shield of Kansas DBA ASK.