

EDI Enrollment Form Instructions

Blue Cross and Blue Shield of Kansas ONLY



- Section 1
- Employer Group 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 Transaction:**
- Please indicate the type of transaction you will be submitting electronically.
- ANSI 820 – Premium Payment
 - ANSI 834 – Group Enrollment/Disenrollment

- Section 3
- Software 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:**
- SFTP

- Section 5
- Billing Tax ID/EIN numbers**
- Please list all Tax ID/EIN numbers used in submitting/receiving electronic transactions.

- 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@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 Enrollment Form

Application for Premium Payment (820) and Enrollment/Disenrollment (834) Enrollment
Blue Cross and Blue Shield of Kansas ONLY



Section 1

Employer Group Information

Employer Group/Organization Name: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Contact Name 1: _____

Contact Name 2: _____

Telephone #: _____
Area Code

Fax #: _____
Area Code

E-mail Address: _____

Section 2

Type of Transaction: Select One

ANSI 820 – Premium Payment

ANSI 834 – Group Enrollment/Disenrollment

Section 3

Software Vendor Information

Software Company Name: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Contact Name: _____

Telephone #: _____
Area Code

Fax #: _____
Area Code

E-mail Address: _____

Communication - Secure File Transfer Protocol (SFTP)

Connection Method:

- Server to Server
- SFTP Client
- Web Browser

Authentication :

- Username/password
- Shared Key

Transfer Method/ Protocol (Select One)

- SFTP (Port 990) - IP address you will be connecting from: _____
- SFTP (FTP using HTTPS/Port 443)
- SFTP (Port 22) - IP address you will be connecting from: _____

Technical Communications Contact Information:

Contact Name: _____

Contact Email: _____

Contact Phone: _____
Area Code

Tax ID/EIN Numbers:

Section 4

Section 5

Signatures

A signature is required from either the provider or an authorized provider representative.

**Employer Group
Representative:**

(Sign)

(Date)

(Print Name)

(Print Title)

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.

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emailed to: askedi@ask-edi.com

Mailed to: ASK
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Topeka, KS. 66601-3500

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

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