

# EDI Enrollment Form Instructions

Application for Electronic Remits (835) Enrollment



Section 1

**Request Type:**

Indicate whether request is for a new enrollment or to add an NPI number to an existing trading partner number.

Section 2

**Trading Partner Information:**

- Trading Partner Number - enter if you are an existing trading partner
- Organization Name - print name of the organization submitting files or trading partner
- 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 3

**Type of Organization (new trading partner enrollments only):**

Please indicate if you are a clearinghouse or billing service. Leave blank if description does not apply.

Section 4

**Vendor Information (new trading partner enrollments only):**

- 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 5

**Communication Type (new trading partner enrollments only):**

Indicate whether you will be using Internet, Secure File Transfer Protocol (SFTP), or a Network Service Vendor.

Section 6

**NPI:**

NPI – 10 digit Billing NPI number

\*HealthNow New York, Blue Cross and Blue Shield of Western New York, Blue Shield of Northeastern New York must also submit your twelve 12 digit Legacy payee number

Section 7

**Provider Information (only if different than trading partner information)**

- Provider/Organization - print name of provider/organization
- Address - print address of provider/organization
- City, State, Zip Code - print city, state and zip code of provider/organization
- Attention/Contact Name - print attention or contact name (optional)
- Telephone # - print telephone number
- Fax # - print fax number
- E-mail Address - print e-mail address (optional)

Section 8

**Signatures:**

A signature is required from the provider or an authorized provider representative. By signing this agreement it is understood that any previous 835 enrollment for the indicted provider number(s) will be overridden.

**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.\*\*\***

# EDI Enrollment Form

Application for Electronic Remits (835) Enrollment



Section 1

### Request Type

- New enrollment (request for a new trading partner number)
- Existing trading partner adding additional Billing NPI provider numbers

Section 2

### Trading Partner Information

Trading Partner Number: (for existing trading partner) \_\_\_\_\_

Organization Name (legal name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name 1: \_\_\_\_\_

Contact Name 2: \_\_\_\_\_

Telephone #: \_\_\_\_\_  
Area Code

Fax #: \_\_\_\_\_  
Area Code

E-mail Address: \_\_\_\_\_

Section 3

### Type of Organization (new trading partner enrollment only):

- Clearinghouse
- Billing Service

(Leave blank if neither description applies)

Section 4

### Vendor Information (new trading partner enrollment only)

Software Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_  
Area Code

Fax #: \_\_\_\_\_  
Area Code

E-mail Address: \_\_\_\_\_

**Communication Type (new trading partner enrollment only)**

- Internet
- Secure FTP
- Network Service Vendor (i.e.: IVANS or Vision Share)

**NPI**

12 Digit Payee Number (New York Customers Only)	Billing NPI Number(s)	Name of Billing Provider

**Select Payer you will be receiving remittance from.**

- Blue Cross and Blue Shield of Kansas (BCBSKS)
- Blue Cross and Blue Shield of Kansas City (BCBSKC)
- Blue Cross and Blue Shield of Western New York (BCBSWNY)
- Blue Shield Northeastern New York (BSNENY)
- HealthNow New York (HNNY)

**Note:**

- Billing NPI, can only be loaded under one trading partner number for the 835 (electronic remittance).
- Setup will be completed within 3-5 business days of receipt.
- If interested in submitting 837(claims) complete EDI Enrollment Form for 837, or the EDI change form, if you are an existing trading partner.

**Provider Information**

Provider will be notified of 835 enrollment(s). Please submit provider information below if different than trading partner information:

Provider/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Attention/Contact Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Signatures**

A signature is required from either the provider or an authorized provider representative. Only one billing provider may be enrolled per form.

**\*\*Signing this agreement will override any previous 835 enrollments for the indicated NPI numbers.**

**Provider  
or  
Provider's Representative:**

\_\_\_\_\_  
(Sign)

\_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Print Title) (Date)

**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](mailto:askedi@ask-edi.com)  
**Mailed to:** ASK  
P.O. Box 3500  
Topeka, KS. 66601-3500

**\*\*\*All pages of EDI Enrollment form must be returned\*\*\***

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