

Electronic Billing and EFT Change/Add Request

Internal Use Only

Internal #:	Provider #1:	Provider #2:	Reason:
Employee Name:		Items Sent:	

Reason for submitting form

- Adding a Provider to Electronic Billing
 Changing information on a current Electronic Provider
 EFT Add/Change
 Software Request
 New User

I. PERSONAL/GROUP/FACILITY INFORMATION

Name: _____

Group Practice Name (If requesting group change/add): _____

BCBST Provider Number: _____ Riverbend Medicare Provider Number: _____

NPI Number: _____ Tax Identification Number: _____ (Required)

II. ADDRESS INFORMATION

Physical Address

Address Details:	Address:	City:	State:	Zip:
	Phone: () - Ext:	Fax: () -	After Hours: () - Ext:	
	Web site address:			
Contact Information:	Name:	Title:	Phone: () - Ext:	
	*E-mail address:			

*This email address will be used to communicate important information. It is your responsibility to notify BCBST of any changes to the address.

Electronic Billing Address

Address Details:	Address:	City:	State:	Zip:
	Phone: () - Ext:	Fax: () -	After Hours: () - Ext:	
	Web site address:			
Contact Information:	Name:	Title:	Phone: () - Ext:	

III. ELECTRONIC BILLING INFORMATION

Will you be submitting any other ANSI transaction and version (e.g., 4010A1)?

Options Available: 270 Eligibility; 276 Claim Inquiry; 278 Authorization/Referral; 820 Premium Payment; 834 Enrollment/Disenrollment

1.		2.		3.		4.		5.	
Claims Submission									
Who will submit your claims? (select one)		Enter applicable information after selecting which option. (If you are unsure of the Submitter's identification number, verify this information with your vendor before completing.)							
<input type="checkbox"/> Filing Direct with Purchased Software		Software Company Name: _____ Submitter Identification Number: _____ Phone: () - Ext:							
<input type="checkbox"/> Filing Direct with In House Software		List existing mailboxes if associated with a group. (Ex: UBAAA.X12, PTAAX.X12, ECAAX.X12) 1. 2.							
<input checked="" type="checkbox"/> Filing with third party/billing agent		Please provide information only for the agency that submits the claims to BlueCross BlueShield of Tennessee. Billing Agent / Clearinghouse Name: <u>Office Ally, LLC</u> Billing Contact: <u>Karen Forden</u> Submitter Identification Number: <u>330897513</u> Phone: (<u>949</u>) <u>464</u> - <u>9129</u> Ext: <u>241</u> Address: <u>32356 S. Coast Hwy.</u> City: <u>Laguna Beach</u> State: <u>CA</u> Zip: <u>92651</u>							
<input type="checkbox"/> Filing with free billing software. (i.e.. PC-ACE, Access EDI, etc.)		Please choose which software you will be using: <input type="checkbox"/> PC-ACE <input type="checkbox"/> Access EDI (Web-based claims submission tool) If choosing Access EDI, please indicate the name of your practice management software and complete "Billing Software" section below under Access EDI.							
Retrieval of Reports/Remits									
Who will retrieve your Electronic Confirmation?*		<input type="checkbox"/> Provider Office <input checked="" type="checkbox"/> Third Party							
Who will retrieve your Electronic Remits?*		<input type="checkbox"/> Provider Office <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Paper Remits							

*It is your responsibility to obtain and maintain the BlueCross BlueShield of Tennessee Electronic Receipts Confirmation Reports as proof of receipt of claims and for timely filing purposes.

****A letter of authorization is required if someone other than you will retrieve the ANSI 276/278 or 835 transaction response. Please attach an authorization letter on your letterhead with the entire enrollment packet.**

Note: ANSI Format Testing Information, Companion Guides, Edit Listings, Bulletin Board System Information, and the HIPAA Compliancy Self Testing Web Tool can be found on the BlueCross BlueShield of Tennessee Web site at www.bcbst.com/providers/ecommm/. Please contact the Electronic Business Service Center at (423) 535-5717 or e-mail: ecommm_techsupport@bcbst.com for technical support assistance.

Important: All responses to ANSI transactions will be delivered electronically to the submitter's EC Gateway BBS mailbox or Access EDI unless otherwise specified. ***Only HIPAA compliant software can be used. Please view www.bcbst.com/providers/ecommm/ for listings of approved vendors.**

Billing Software

Skip this section

PC-ACE SOFTWARE INFORMATION (for RGBA Medicare providers only)

First time downloading PC-ACE software. (<http://www.rgba.gov/Tools/Electronic-Billing-EDI/Downloads.shtml>). A profile is required.

(NOTE: Software is not available to Billing Agencies or Clearinghouses)

Please send software.

(NOTE: A \$25.00 shipping and handling fee will apply. Please do not send payment with completed profile. Invoice will be mailed.)

We are currently using PC-ACE and request the RGBA Medicare provider number listed on Page 2 be added. Please list current PC-ACE file name: _____

ELECTRONIC TRANSMISSION ACKNOWLEDGEMENT

The client sending and receiving data will:

- Maintain adequate security procedures to prevent unauthorized access to data, data transmissions, security access codes, backup files or source documents.
- Maintain complete accurate and unaltered copies of all Source Documents from all Data Transmissions for not less than six (6) years.
- Provide information, documents and other cooperation necessary to assist BlueCross BlueShield of Tennessee in research as it pertains to problem resolution.
- Hold BlueCross BlueShield of Tennessee harmless from any and all claims, actions, damages, liabilities, costs, or expenses, including, without limitation, reasonable attorneys' fees, arising out of any act or omission of performance by provider, provider's employees or business associates.
- Understand it is the provider's responsibility to obtain and maintain the BlueCross BlueShield of Tennessee Electronic Receipts Confirmation Reports as proof of receipt of claims and for timely filing purposes.
- Understand it is the provider and submitter's responsibility to retrieve the BlueCross BlueShield of Tennessee 997 Functional Acknowledgement files and the Electronic Receipts Confirmation Reports and review them for any claims rejections needing to be corrected and resubmitted.
- Understand that any assigned individual User IDs should not be shared, should be used only by that individual, and should not be hard-coded into any system or script. Scripting on the EC Gateway Bulletin Board System is not supported due to potential security violations.

Please sign indicating your acceptance of the Electronic Transmission Acknowledgement.

Name: _____
Please Print Name

Position: _____

Signature: _____ Date: _____

Please indicate how you would like to be notified once your request has been processed:

Mail (Mailed to EMC address listed on page 1)

Fax (Faxed to EMC fax number listed on page 1)

Note: It is your responsibility to notify your billing agent or clearinghouse that you are now set up to send and receive electronic transactions.

All information contained in this profile will remain in effect unless otherwise notified.

Please fax to: (423) 535-7523 or mail to: **BlueCross BlueShield of Tennessee**
Attn: Provider Network Services
PO Box 180176
Chattanooga, TN 37402