



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms  
7/29/2011 (IE, FE)  
[https://www.bcidaho.com/edi\\_clearinghouse/](https://www.bcidaho.com/edi_clearinghouse/)

## Blue Cross - IDAHO Availity

### Enrollment Instructions – Professional Claims Only

- ✓ **BEFORE enrolling, you MUST have a Practice Insight EDI customer account # with billing provider record added.** Please contact your EDI solutions reseller to confirm your EDI account setup.
- ✓ **Make sure all required information is complete and accurate.** Recheck provider numbers to be sure they are valid and accurate. Invalid or incorrect provider IDs will cause the enrollment to be delayed or rejected.
- ✓ **Keep a copy of the completed enrollment pages.** Note the date and method of submission. Keep a copy of the completed request in case you should need to follow up or resubmit.

**FAX COMPLETED FORMS TO-**  
Blue Cross of Idaho, EDI Enrollment  
208-331-7203

### 837-CLAIMS Initial Provider Enrollment (New) or Re-Enrollment (Change of Service)

If the provider has NOT submitted claims electronically to this payer or if the provider HAS SUBMITTED electronic claims to this payer VIA ANOTHER CLEARINGHOUSE, and they now want to submit via Practice Insight, the provider must complete this form:

1. EDI Registration Form (1 page)

Enter the current date.

Put ✓ next to Individual Provider or Group/Practice.

Enter Billing Provider Information.

See "Select HIPAA Transaction(s)" Put ✓ (Optional) next to "X12N 270/271 or "X12 276/277."

### 835- ERAs Electronic Remittance Request (New) or (Change of Service)

The option to receive 835/ERAs from this payer is not available at this time.

## ALLOW 2-4 WEEKS FOR PROCESSING

*If it has been over 30 days since request was submitted and you have not yet received confirmation of edi enrollment, contact your EDI support vendor or reseller. EDI resellers or support Vendors may contact Practice Insight Enrollment Department direct to inquire regarding status of edi enrollment.*



EDI REGISTRATION FORM

Blue Cross of Idaho
3000 E Pine Ave
Meridian, Id 83642
Fax 208-331-7203

Enrollments will be completed with 5-7 Business Days from Date Received

DATE: \_\_\_\_\_

Provider Information:

Please indicate your classification (required):

- Individual Provider:
Group/Practice:

Business Name:

Provider Name (Last, First, MI and Suffix):

Provider NPI Number:

Group NPI Number:

Business Address:

City, State, and Zip:

Telephone Number:

Contact Name:

Email Address:

EIN #:

Check the box that would apply to this enrollment:

- Provider is the Direct Submitter of Data
Provider is with Billing Service: Submitter ID:
Provider is with Clearinghouse: Submitter ID:

Additional Information:

Select HIPAA Transaction (s) :

Table with 2 columns listing HIPAA transactions: X12N 837P (Professional Claim), X12N 837D (Dental Claim), X12N 837I (Institutional Claim), X12N 270/271 (Eligibility Inquiry/Response), X12N 835 (Remittance Advice), X12N 276/277 (Claim Inquiry and Response), and BCI Provider ID.

Name of Software or Vendor:

Phone: Email Address:

Address:

City: State: Zip:

Signature

Signature of Provider or Office Manager \_\_\_\_\_