



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms.
8/11/2011 (IE, NF)

Blue Shield – MONTANA (BSMTO) (via Health-e-Web) Enrollment Instructions –Professional Claims and ERA

- ✓ **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-
Health-e-Web EDI Enrollment Department
406-449-0190

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. Health-e-Web BCBS of Montana New Clinic/Facility/Provider Request (2 pages)
Put ✓ next to “Claims”
Enter Billing (Group) Provider information.
Enter ALL Rendering Providers information (**REQUIRED**). Use additional Page if necessary.

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

If the provider wishes to authorize Practice Insight to retrieve 835 ERA files, the provider must complete this form:

1. Health-e-Web BCBS of Montana New Clinic/Facility/Provider Request (2 pages)
Put ✓ next to “Remittance” Same form used for 837
Enter Billing (Group) Provider information.
Enter ALL Rendering Providers information (**REQUIRED**). Use additional Page if necessary.

ALLOW 2-4 WEEKS FOR PROCESSING

*If you do not receive confirmation within 30 days after the request has been submitted, providers should contact their EDI Reseller/Support Rep.
Resellers can call Practice Insight, Enrollment.*

Health-e-Web Enrollment

BCBS of Montana New Clinic/Facility/Provider Request

Claims: _____ Remittance: _____

Clinic/Facility/Provider Name	
Group NPI #	
EIN or SSN	
Contact Name	
Address	
City, State, Zip	
Phone Number	
email Address	
Clearinghouse Name	
Contact Name and phone Number	
<i>Repeat this information for each provider</i>	
Provider Name	
EIN or SSN	
NPI	
BCBS Provider Number	
Provider Name	
EIN or SSN	
NPI	
BCBS Provider Number	

Email forms to dredmond@hewedi.com or fax to 406-449-0190

Health-e-Web Enrollment Continued ...

BCBS of Montana New Clinic/Facility/Provider Request

Claims: _____ Remittance: _____

Provider Name	
EIN or SSN	
NPI	
BCBS Provider Number	
Provider Name	
EIN or SSN	
NPI	
BCBS Provider Number	
Provider Name	
EIN or SSN	
NPI	
BCBS Provider Number	
Provider Name	
EIN or SSN	
NPI	
BCBS Provider Number	
Provider Name	
EIN or SSN	
NPI	
BCBS Provider Number	