



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms
07/19/2011 (IE)

<http://www.bcbsnc.com/assets/shopper/public/medicare-supplement/index.htm>

Blue Medicare PPO/HMO North Carolina (56152)
(For "Blue Medicare Supplement" use same enrollment forms as for BCBS NC.)
Enrollment Instructions – Professional Claims

- ✓ **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. 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 BOTH REQUEST FORMS TO-
Practice Insight, LLC
713-333-0138

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

The Provider must obtain authorization and be setup with this Payer before sending claims electronically. Please complete the following forms for each billing provider group, or individual provider billing "solo".

1. **Capario Provider Enrollment Form for Electronic Claims Submission (1 page + if/as needed)**
Section 2- Enter the billing provider group information, including Tax ID # and group NPI #.
Section 4- Enter rendering Provider Names, NPI #'s and Rendering Provider ID (if applicable)
2. **Blue Medicare Electronic Connectivity Request (1 page)**
SEE bottom of form - be sure to include Date, Name/Title and Authorized Signature.

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

ERA delivery is not available at this time.

ALLOW 2-4 WEEKS FOR PROCESSING

*If you do not receive confirmation of enrollment within 20 days,
contact your EDI Reseller or Support Vendor for assistance,
or call BCBSNC Blue Medicare Provider Services at 1-888-296-9790.*



Provider Enrollment Form for Electronic Claims Submission

Questions?- Contact us at: (800) 792-5256 Option 1
 Fax: (404) 877-3324 | provider.enrollment@Capario.com

Enrollment Department
 Capario
 1901 E. Alton, Suite 100
 Santa Ana, CA. 92705

Use this form if you are: Enrolling with a new Payer OR Enrolling a new rendering provider with your existing Payer(s). Please complete ALL fields then fax, email or send to Capario. If you complete this form on screen you can type your information then print the form. Typing your Capario Client Name and ID on Page 1 will automatically populate them onto Page 2.

1 Client Information: Entities that <u>submit</u> claims. Includes: Billing Services, Medical Groups or individual providers			
Capario Client Name:		Capario Client/User ID ¹ (Existing Clients):	
Contact Name:		Phone Number:	Fax Number:
Contact Email:		Email address for Approval Notice:	

2 Group/Provider Information: Entities that <u>create</u> claims. Includes: Medical Groups or individual providers. This section must be completed for each Tax ID.			
Group/Provider Name:			
Provider EIN/SSN # (Indicate type) <input type="checkbox"/> EIN <input type="checkbox"/> SSN:		NPI:	
Contact Name:		Phone Number:	Fax Number:
Address:		City:	State: Zip:

3 Complete, sign and send each Payer Agreement: The Payer agreements, with instructions, are located on our web site. Go to: http://www.capario.com/services/resource_center/payer/list/default_db.asp	
<ul style="list-style-type: none"> For most Medicare, Medicaid, Blue Cross and Blue Shield Payers you will need a Payer agreement. Please follow instructions for each Payer carefully. These Payer agreements usually require an original signature using blue ink. To enroll for these Payers, use this form and complete fields for Rendering Provider along with Payer and Tracking information. For most commercial Payers you will NOT need a Payer Agreement. To enroll for those payers you ONLY need to complete Rendering Provider's name and NPI 	

4 Enrollment and Payer Agreement Tracking Information: Complete these fields for each Rendering Provider.	
<ul style="list-style-type: none"> Additional fields are offered on Page 2 or copy, as needed, to enroll additional Providers. Capario will use this information to start enrollment and follow up with each Payer to confirm approval. If you receive written approval from the Payer please fax it to us upon receipt. 	

Rendering Provider		Last Name	First Name	NPI
Payer ID	Payer Name	Group ID	Rendering Provider ID	Sent to: Date Agreement Sent Carrier (FedEx, UPS, USPS) & Tracking Number
				<input type="checkbox"/> Payer <input type="checkbox"/> Capario
Payer ID	Payer Name	Group ID	Rendering Provider ID	Sent to: Date Agreement Sent Carrier (FedEx, UPS, USPS) & Tracking Number
				<input type="checkbox"/> Payer <input type="checkbox"/> Capario
Payer ID	Payer Name	Group ID	Rendering Provider ID	Sent to: Date Agreement Sent Carrier (FedEx, UPS, USPS) & Tracking Number
				<input type="checkbox"/> Payer <input type="checkbox"/> Capario
Payer ID	Payer Name	Group ID	Rendering Provider ID	Sent to: Date Agreement Sent Carrier (FedEx, UPS, USPS) & Tracking Number
				<input type="checkbox"/> Payer <input type="checkbox"/> Capario

5 Fax, mail or attach to an email and send to Capario Enrollment Dept. 1901 E. Alton #100 Santa Ana, CA. 92705			Date:
Capario Enrollment E-mail:	provider.enrollment@Capario.com	Capario Enrollment Fax:	(404) 877-3324

1: If you do not know your Client ID contact Capario Enrollment at phone number listed above.



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4- Continued Use this page if enrolling additional Rendering Providers.	
REQUIRED: Please re-enter your Client Name and Capario Client ID, if fields are blank. This ensures we have the correct pages for your Group.	
Capario Client Name:	Capario Client/User ID ¹ (Existing Clients):

Rendering Provider		Last Name	First Name	NPI		
Payer ID	Payer Name	Group ID	Rendering Provider ID	Sent to: <input type="checkbox"/> Payer <input type="checkbox"/> Capario	Date Agreement Sent	Carrier (FedEx, UPS, USPS) & Tracking Number
Payer ID	Payer Name	Group ID	Rendering Provider ID	Sent to: <input type="checkbox"/> Payer <input type="checkbox"/> Capario	Date Agreement Sent	Carrier (FedEx, UPS, USPS) & Tracking Number
Payer ID	Payer Name	Group ID	Rendering Provider ID	Sent to: <input type="checkbox"/> Payer <input type="checkbox"/> Capario	Date Agreement Sent	Carrier (FedEx, UPS, USPS) & Tracking Number
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1: If you do not know your Client ID contact Capario Enrollment at phone number listed above.

Blue Medicare Electronic Connectivity Request

Please complete the following form and fax the form to Blue Medicare EDI Support, (336) 794-8840.
A Connectivity Request form is required for each provider group.

PROVIDER NAME	IRS NUMBER	NATIONAL PROVIDER ID	
CONTACT NAME		TITLE	
MAIL ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	

VENDOR/CLEARINGHOUSE NAME Practice Insight, LLC	CONTACT NAME Enrollment Department	PHONE NUMBER (713) 333-6000 Opt 2
FAX NUMBER (713) 333-0138	EMAIL ADDRESS enrollment@practiceinsight.net	

BILLING SERVICE NAME	CONTACT NAME	TITLE
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS

Electronic Transactions	Check all that apply
Professional Claims – 837P	
Institutional Claims – 837I	
Electronic Remit – 835	

Date

Print Name/Title

Authorized Signature (required)