

**HOW LONG DOES PRE-ENROLLMENT TAKE?**

- 3 to 5 business days

**WHERE SHOULD I SEND THE FORMS?**

- Fax the form to 785-290-0720

**WHAT FORM SHOULD I DO?**

- EDI Change of Information Form
- If you want to receive your electronic remittance advice through Office Ally you need to complete the Application for Electronic Remits (835) Enrollment

**WHO CAN SIGN THE FORMS?**

- No signature is required on the EDI Change of Information Form.
- The Electronic Remits (835) Enrollment form requires the provider or designated responsible party's signature.

**HOW DO I CHECK STATUS?**

- Call 800-472-6481 and ask if your legacy provider ID is linked to Office Ally's Trading Partner #6002066.

## **NOTE TO MY CLIENTS PLUS USERS:**

Once you have confirmed with the insurance payor that your provider number is linked to Office Ally, please fax the following information to My Clients Plus at 888-653-7115.

- **My Clients Plus**
- **Provider/Practice Name as pre-enrolled with the insurance payer**
- **Fed Tax ID**
- **Billing NPI**
- **Insurance Payer (including State if BCBS, Medicare or Medicaid).**
- **The statement “I have verified my provider ID has been linked to Office Ally with the Insurance Payor”.**
- **Provider email address where you can be notified of setup completion.**

For Noridian Pre-Enrollments Please Also Include:

- **Submitter number**



## EDI Change Form Instructions

### The change form is to be used to:

- a) change trading partner or vendor information, OR
- b) add additional NPI or transaction

### **Section 1**

#### **Trading Partner Information:**

- Trading Partner Number - enter your existing trading partner number
- Organization Name - print name of the organization submitting files
- 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 2**

#### **Vendor Information:**

- 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 3**

#### **NPI and Transactions:**

- Blue Cross and Blue Shield of Kansas (BCBSKS) – 10 digit NPI billing number
- Blue Cross and Blue Shield of Kansas City (BCBSKC) – 10 digit NPI billing number
- \*\*HealthNow New York (HNNY)/ Blue Cross and Blue Shield of Western New York (BCBSWNY)/
- Blue Shield of Northeastern New York (BSNENY) – 10 digit NPI billing number
- Preferred Health Professional (PHP) - Tax ID number and 10 digit NPI billing number
- EDI Midwest – Tax ID number and 10 digit NPI billing number (**Contract Required**)

\*\* New York customers must also submit Individual (Rendering) NPI numbers

\*\*\***You must indicate the transaction to be added with the NPI and provider name**\*\*\*

**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

## EDI Change of Information Form

This form is to be used to:

- a) change trading partner or vendor information, OR
- b) add additional NPI or transaction

To change trading partner contact information:

- e-mail new contact information to [askedi@ask-edi.com](mailto:askedi@ask-edi.com)  
(only if e-mail address contains name of facility) OR
- fax new contact information on company letterhead to 785-290-0720.

### **Section 1: Trading Partner Information**

<b>Trading Partner Number</b> _____
<b>Organization Name (legal name):</b> _____
<b>Mailing Address:</b> _____ _____
<b>City:</b> _____
<b>State:</b> _____ <b>Zip:</b> _____
<b>Telephone #: (____)</b> _____
<b>Fax #: (____)</b> _____
<b>E-mail Address:</b> _____

### **Section 2: Vendor Information**

<b>Software Company Name:</b> _____
<b>Mailing Address:</b> _____ _____
<b>City:</b> _____
<b>State:</b> _____ <b>Zip:</b> _____
<b>Contact Name:</b> _____
<b>Telephone #: (____)</b> _____
<b>Fax: (____)</b> _____
<b>E-mail Address:</b> _____

**Section 3: NPI and Transactions**

Select the appropriate transaction for the Organizational (Billing) NPI you are enrolling.

\* **New York customers must also submit Individual (Rendering) NPI numbers**

<b><u>Payers</u></b>	<b><u>NPI</u></b>	<b><u>Provider Name</u></b>
<b>Blue Cross Blue Shield of Kansas (BCBSKS):</b> <input type="checkbox"/> 837P (professional claims) <input type="checkbox"/> 837I (institutional claims) <input type="checkbox"/> 837D (dental claims) <input type="checkbox"/> 270/271 (eligibility inquiry/benefits) <input type="checkbox"/> 276/277 (claims status)		
<b>Blue Cross Blue Shield of Kansas City (BCBSKC):</b> <input type="checkbox"/> 837P (professional claims) <input type="checkbox"/> 837I (institutional claims) <input type="checkbox"/> 837D (dental claims) <input type="checkbox"/> 270/271 (eligibility inquiry/benefits) <input type="checkbox"/> 276/277 (claims status)		
<b><u>New York Customers</u></b> (Those submitting for <b>HealthNow New York (HNNY)</b> or <b>Blue Cross Blue Shield of Western New York (BCBSWNY)</b> or <b>Blue Shield of Northeastern New York (BSNENY)</b> ): <input type="checkbox"/> 837P (professional claims) <del><input type="checkbox"/> 837I (institutional claims)</del> <del><input type="checkbox"/> 837D (dental claims)</del>		
<b>Preferred Health Professionals (PHP):</b> <input type="checkbox"/> 837P (professional claims) <input type="checkbox"/> 837I (institutional claims)		
<b>EDI Midwest Electronic Clearinghouse</b> (Requires Contract) <input type="checkbox"/> 837P (professional claims) <input type="checkbox"/> 837I (institutional claims)		
<b>TAX ID: Required for EDI Midwest</b>		

## **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 notices of any material changes to the EDI system that may effect trading partner data transmissions. Updates to any system changes will be made through the 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\*\*\***

**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 a provider 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 neither description fits the organization.

**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 file transfer, a network service vendor, or FTP file transfer. If using FTP, please indicate the compression and transfer type.

**Section 6**

**Billing Provider Numbers:**

Enter all billing provider numbers you will be requesting remits under.

**\*\*\* As of 12/1/07 – Requests to add provider numbers must include a valid NPI. Forms received without the NPI will be returned.**

Blue Cross and Blue Shield of Kansas – 6-digit group number

Blue Cross and Blue Shield of Kansas City – 8-digit group number

HealthNow New York, Blue Cross and Blue Shield Western New York, Blue Shield Northeastern New York – Submit 12 digit payee numbers only.

NPI – 10 digit billing 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 sent to:

ASK, Inc.

P.O. Box 3500

Topeka, KS. 66601-3500

Fax number: 785-290-0720

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

**EDI Enrollment Form  
ANSI 835  
Payment/Advice (004010X091A1)**

**Section 1: Request Type:**

- New enrollment (request for a new trading partner number)
- Existing trading partner adding additional 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(s):** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

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

**Section 3: Type of Organization (new trading partner enrollment only):**

- Clearinghouse
- Billing Service

(Leave blank if neither description fits the organization)

**Section 4: Vendor Information (new trading partner enrollment only):**

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

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

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

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

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

**Telephone #: (\_\_\_\_)** \_\_\_\_\_

**Fax #: (\_\_\_\_)** \_\_\_\_\_

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

**Section 5: Communication Type (New Trading Partner enrollment only):**

- Internet
  - Network Service Vendor (i.e.: IVANS or Vision Share)
  - FTP - choose compression type and transfer type if using FTP
- |  |   |
|--|---|
| <p><b>Compression Type</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Encryption</li> <li><input type="checkbox"/> PKZip</li> <li><input type="checkbox"/> UnixComp</li> <li><input type="checkbox"/> UnixTar</li> <li><input type="checkbox"/> UnixZip</li> <li><input type="checkbox"/> None</li> </ul> | <p><b>Transfer Type:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ASCII</li> <li><input type="checkbox"/> Binary</li> <li><input type="checkbox"/> None</li> </ul> |
|--|---|

**Section 6: Billing Provider Numbers:**

**\*\*\*As of 12/1/07 – Requests to add provider numbers must include a valid NPI. Forms received without the NPI will be returned.**

<u>Payer</u>	<u>Payer Provider Number(s)</u>	<u>NPI</u>	<u>Provider Name</u>
Blue Shield and Blue Cross of Kansas			
Blue Shield and Blue Cross of Kansas City			
HealthNow NY			
BCBSWNY			
BSNENY			

- Note: Payer provider numbers and 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.
  - NPI must be reported to payers before completing EDI enrollment.

**Section 7: Provider Information:**

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

\* = Required

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

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

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

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

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

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

**Section 8:**

**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 provider numbers.**

**Provider or Providers Representative:**

\_\_\_\_\_  
**(Sign)** **(Date)**

\_\_\_\_\_  
**(Print Name)** **(Print Title)**

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.

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Topeka, KS 66601-3500  
**Fax number: 785-290-0720**

**\*\*\*All pages must be returned\*\*\***