



EDI Enrollment Form Instructions
Application for New Trading Partner Number and Claim (837) Enrollment

Section 1

Trading Partner Information:

- 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

Type of Organization:

Please indicate if you are a clearinghouse or billing service. Leave blank if neither description fits the organization.

Section 3

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 4

Communication Type:

Indicate whether you will be using Internet file transfer, network service vendor, or FTP file transfer. If using FTP, please indicate the compression and transfer type.

Section 5

Billing Provider Numbers:

Enter all provider numbers you will be submitting claims under.

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

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

HealthNow NewYork, Blue Cross and Blue Shield Western New York, Blue Shield Northeastern New York – Submit 12 digit group and individual numbers.

PHP - Tax ID number or other assigned number.

EDI Midwest – Tax ID number or other assigned number.

NPI – 10 digit billing number (New York customers must also submit individual numbers)

Section 6

Signatures:

The signature of provider or provider representative is required, OR signature of business associate of the listed provider(s) acting on their behalf.

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.*****

For more information about electronic transactions visit www.ask-edi.com.

EDI Enrollment Form
Application for New Trading Partner Number
ANSI 837
Claims (004010X096A1, 004010X097A1, 004010X098A1)

Section 1: Trading Partner Information

Organization Name (legal name): Office Ally

Mailing Address: 32356 S. Coast Hwy.

City: Laguna Beach

State: California **Zip:** 92651

Contact Name(s): Jonathan Henderson

Telephone #: (949) 464-9129

Fax #: (949) 376-6951

E-mail Address: support@officeally.com

Section 2: Type of Organization

Clearinghouse
Billing Service
(Leave blank if neither description fits the Type of Organization)

Section 3: Vendor Information

Software Company Name: My Clients Plus, LLC

Mailing Address: 9825 Sandifur Parkway, Suite D

City: Pasco

State: WA **Zip:** 99301

Contact Name: Ken Arneson

Telephone #: (206) 774-1735

Fax #: (206) 274-7459

E-mail Address: info@myclientsplus.com

Section 4: Communication Type

| | |
|---|---|
| Internet Network Service Vendor (i.e.: IVANS or Vision Share) ✓ FTP – choose compression type and transfer type if using FTP <u>Compression Type</u> Encryption ✓ PKZip UnixComp UnixTar UnixZip None | <u>Transfer Type:</u> ✓ ASCII Binary None |
|---|---|

Billing Provider Numbers

Section 5:

| <u>Professional/Dental Provider(s)</u> | | | |
|---|--|-------------------|-----------------------------|
| <u>Choose One:</u> <input type="checkbox"/> <u>Professional</u> <input type="checkbox"/> <u>Dental</u> | <u>Payer Provider Number(s)</u> | <u>NPI</u> | <u>Provider Name</u> |
| Blue Shield of Kansas: | | | |
| Blue Shield of Kansas City: | | | |
| HealthNow NY: | | | |
| BCBSWNY: | | | |
| BSNENY: | | | |
| PHP: | | | |
| <u>Institutional Providers:</u> | | | |
| Blue Cross of Kansas: | | | |
| Blue Cross of Kansas City: | | | |
| HealthNow NY: | | | |
| BCBSWNY: | | | |
| BSNENY: | | | |
| PHP: | | | |

Note: Trading partner setup will be completed within 3-5 business days of receipt.

- To enroll for the 835(electronic remittance) complete the EDI enrollment form for 835.
- To enroll Medicare provider numbers for (837) electronic claims or (835) electronic remits complete form at www.wheatlandsadmin.com.

I am Interested in submitting commercial claims, please have EDI Marketing contact us.

Section 6: Signatures

A signature is required from either the provider or the provider's business associate.

I am requesting a new trading partner setup.

Provider or Provider's Representative:

(Sign) (Print) (Date)

OR

Provider Business Associate:

(Sign) (Print) (Date)

By signing you are indicating you are the business associate of the above listed providers and acting on their behalf.

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.

Kansas law applies to this business relationship.

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 must be returned*****