



220 Burnham Street • South Windsor, CT 06074
 Vox 888-255-7293 • Fax 860-289-0055

**ALABAMA BLUE CROSS BLUE SHIELD
 DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

PAYER ID NUMBER	CBAL1
ELECTRONIC REGISTRATIONS Agreements Required	Emdeon Business Services Provider Enrollment Form <ul style="list-style-type: none"> • Please complete all requested information EDI Enrollment Request for New Submitter ID <ul style="list-style-type: none"> • Pg 1 Section 1: Please complete all requested information. • Pg 1 Section 4: Please complete all requested information. Provider or authorized representative must sign and date. • Pg 2: Please complete all requested information.
SPECIAL NOTES	<ul style="list-style-type: none"> ▪ All Providers are required to have an assigned BCBS Provider number in order to send electronic claims. Obtaining a Provider number does not affect your status as a participating or non-participating Provider with BCBS. ▪ All Providers must submit a paper claim to receive an assigned Provider Number. Once you have submitted the paper claim, please call one of the following numbers to obtain your Provider number: In-state Alabama Providers 205-985-5378 Out-of-State Providers (888) 783-5113
SEND REGISTRATION FORMS TO	<p align="center">Emdeon Business Services 220 Burnham Street South Windsor, CT 06074 Attn: Provider Enrollment Or Fax to: 860-289-0055</p>
ENROLLMENT CONFIRMATION	<ul style="list-style-type: none"> ▪ Enrollment will be coordinated between Emdeon Business Services and Blue Cross Blue Shield. ▪ The enrollment process takes approximately 10-15 business days.
CHANGING ELECTRONIC BILLING AGENTS	<p>If the Provider currently submits claims through another Billing Agent other than Emdeon Business Services each Provider must re-enroll following the procedures listed above.</p>



220 Burnham Street • South Windsor, CT 06074
Vox 888-255-7293 • Fax 860-289-0055

CONTACT PHONE NUMBERS	BCBS In-state Alabama Providers 205-985-5378 BCBS Out-of-State Providers (888) 783-5113 Emdeon Business Services (888) 255-7293
------------------------------	---



220 Burnham Street • South Windsor, CT 06074
Vox 888-255-7293 • Fax 860-289-0055

PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **Alabama Blue Cross Blue Shield payer ID CBAL1**

Provider/Organization Name: _____

Tax Identification or Social Security Number: _____
(Number that will be used to submit electronic claims)

Software Vendor: _____

Group NPI Number: _____
(if applicable)

Name	Rendering	NPI
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

Date: _____



**Blue Cross Blue Shield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association.

EDI Enrollment Request for NEW Submitter ID

Section I.

PRACTICE/FACILITY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (____) _____ CONTACT NAME: _____

FAX NUMBER: (____) _____ E-MAIL: _____

Section II.

VENDOR/CLEARINGHOUSE NAME: _____

TELEPHONE: (____) _____ CONTACT NAME: _____

FAX NUMBER: (____) _____ E-MAIL: _____

Section III.

Indicate the method of connection:
(Choose one.)

- Internet
- Frame Relay
- Dial Up

Indicate the requested transactions:
(Select as many as appropriate)

- 837 Dental Transaction
- 837 Institutional Transaction
- 837 Professional Transaction
- 270/276 Eligibility/Claim Status Transaction
- 278 Referral/Precert Transaction

Not required until new version adopted
Indicate the ANSI format/version:

- 837 _____
- 270 _____
- 276 _____
- 278 _____

Submitter ID:

CPS

For use only if assigned by Vendor/Clearinghouse

Anticipated Installation Date:

Section IV. If there are **additional** providers, please complete page 2 of this form.

NAME OF PROVIDER(S) YOU ARE ADDING TO SUBMITTER NUMBER	INDIVIDUAL NPI	TAX ID

The user of this form agrees to establish and maintain procedures and controls so that information concerning Blue Cross subscribers, or any information obtained from Blue Cross, shall not be used by agents, officers, or employees of the billing service except as provided by Blue Cross.

**Blue Cross and Blue Shield of Alabama assigns provider passwords.
Passwords assigned by a provider or vendor will not be accepted.**

Please fax to EDI Services at 205 733-7362.

The undersigned hereby:

- Represents and warrants that he or she has full power and authority to execute this agreement on behalf of the health care provider identified in Section I (Provider) and to bind the Provider to the terms and conditions of this agreement;
- Authorizes Blue Cross and Blue Shield of Alabama (BCBSAL) (1) to disclose protected health information to the business associate identified in Section II (Business Associate); and (2) to return Provider passwords to Business Associate;
- Agrees to notify BCBSAL if the Business Associate changes;
- Agrees that Provider will be responsible for all electronic transactions submitted to BCBSAL by Provider, its employees, and its agents;
- Agrees that BCBSAL has the right to audit and confirm information submitted by or on behalf of Provider and shall have access to all original source documents and medical records related to Provider's submissions. All incorrect payments shall be adjusted in accordance with BCBSAL guidelines;
- Agrees that Provider will use sufficient security procedures to ensure that all transmissions of documents are authorized and protect all data from improper access; and
- Agrees to establish and maintain procedures and controls so that information concerning Blue Cross subscribers, or any information obtained from Blue Cross, shall not be used by agents, officers, or employees of the billing service except as provided by Blue Cross.

Authorized Representative of Provider

Date

