



## Emdeon **Realtime** Provider Information Form

*\*This form is to ensure accuracy in updating the appropriate account\**

<b>1</b>	<b>Provider Organization</b>			Customer #			
Practice/ Facility Name				Tax ID			
Provider Name							
Address				City/State			Zip Code
Contact Name							
E-mail Address				Telephone			Fax
MID				TID			TPG

<b>2</b>	<b>Payer</b>						
Payer Name/ID							
Group Provider ID	Individual Provider ID			Billing NPI			

<b>3</b>	<b>Confirmations</b>						
Send Emdeon Confirmations To:							
Special Instructions:	<ul style="list-style-type: none"> <li>All Payer Registration forms must contain signatures when applicable, stamped signatures or photocopies are accepted.</li> <li>SUBMIT COMPLETED FORM TO:</li> </ul> <p style="text-align: center;">                     Email: <a href="mailto:RTenrollment@emdeon.com">RTenrollment@emdeon.com</a>                      Fax: 615.885.3713                 </p>						

EMDEON REVISION FORM DATE:

## Trading Partner Enrollment Form

The purpose of the *BlueCross BlueShield of South Carolina EDIG Trading Partner Enrollment Form* is to enroll providers, software vendors, clearinghouses and billing services as trading partners and recipients of electronic data. It is important you follow these instructions, and complete all the required information. We will return incomplete forms to the applicant, which could delay the enrollment process.

You should complete enrollment forms electronically. Use your **TAB** key to move forward through the form fields or click your cursor in a desired field or box. Be sure to save the file after you have completed the form.

If you are a prospective BlueCross commercial, BlueChoice® HealthPlan or Instil Health payer trading partner, print and mail a hard copy of the completed form to:

BlueCross BlueShield of South Carolina  
 Technology Support Center: EDI Enrollment  
 I-20 at Alpine Road, AA-E05  
 Columbia, SC 29219

If you are a prospective PGBA LLC (TRICARE) trading partner, e-mail the completed form to [edig.ops@PalmettoGBA.com](mailto:edig.ops@PalmettoGBA.com). Or, you can fax a copy to (803) 763-4954 or print and mail a hard copy to:

Palmetto GBA  
 Attention: EDIG Operations, AG-280  
 2300 Springdale Drive, Building One  
 Camden, SC 29020-1728

EDIG Operations will acknowledge receipt of your enrollment form via e-mail within four business days.

This table will help trading partners complete the enrollment form:

Form Field Name	Instructions for Field Completion	Req.
Date	Enter today's date.	1 2 3
Action Requested:	Indicate the action to be taken on the enrollment form. Note: Depending on the requested action, different fields of this form are required. These are identified in the column at right.	
New Trading Partner ID	1. To apply for a new Trading Partner ID, check <b>New Trading Partner ID</b> .	1
Change	2. To change Trading Partner information, check <b>Change</b> .	2
Cancel	3. To cancel your enrollment, check <b>Cancel</b> .	3
Trading Partner Name	Enter the name of the entity that will be submitting/receiving electronic transactions with BlueCross EDIG.	1 2 3

Form Field Name	Instructions for Field Completion	Req.
Trading Partner ID	The Trading Partner ID is assigned by BlueCross EDIG to identify trading partners to our system.	2 3
Federal Tax ID #	Enter the trading partner's Federal Tax Identification Number.	1
Type of Business	Select the type of primary business the trading partner conducts. If you check "Other," indicate the type of business on the line provided.	1
Line of Business	Check one box per enrollment form indicating if transactions are BlueCross Commercial or TRICARE.	1
Start Date	Indicate, in mm/dd/ccyy format, the date the trading partner plans to begin transaction testing with BlueCross EDIG.	1
End Date	If you are using this form to cancel an account, indicate, in mm/dd/ccyy format, the date the trading partner intends to terminate its trading partner account.	3
Compression	If you wish your files to be downloaded in a compressed format, check <b>PKZIP</b> or <b>UNIX</b> . If not, check <b>No Compression</b> .	1
Protocol	Check the preferred communication method. If ASYNC dial-up is checked, then specify the product. If Other is checked, please specify.	1
Service Address	Enter the trading partner's complete address (including street, city, state and ZIP) that is the physical location for your business.	1 2
Billing Address	If different from the service address, enter the trading partner's billing (or mailing) address (including street, city, state and ZIP).	1 2
Primary Contact Information	The name, e-mail address, telephone number and fax number of the trading partner's primary contact. This is the person BlueCross EDIG will contact if there are questions regarding the enrollment or future questions about the account.	1 2
Technical Contact Information	The name, e-mail address, telephone number and fax number of the trading partner's technical contact. This is the person BlueCross EDIG will contact if there are technical questions or problems.	1 2
After Hours Technical Contact Information	The name, e-mail address, telephone number and fax number of the trading partner's after hours technical contact. This is the person BlueCross EDIG will contact if there are technical questions or problems after normal business hours.	1 2
On-Call Technical Contact Information	The name, e-mail address, telephone number and fax number of the trading partner's on-call technical contact. This is the person BlueCross EDIG will contact if there are technical questions or problems after normal business hours and is unable to contact the After Hours Technical Contact.	1 2
Transaction Volume Estimates	Mark yes (Y) or no (N) for each mode. If you mark yes, indicate the average number of transactions you anticipate submitting each week.	1

# BlueCross EDIG Trading Partner Enrollment Form ASC X12N Transactions

Date: \_\_\_\_\_

Action Requested:  New Trading Partner ID  
(Check One)  Change  Cancel

Trading Partner Name: EMDEON BUSINESS SERVES

Trading Partner ID: CGW0317TN3

Federal Tax ID #: 133052274

Type of Business:  Institutional Health Care Provider  Clearinghouse  Billing Service  
(Check One)  Professional Health Care Provider  Health Care Plan  
 Retail Pharmacy  Pharmacy Benefit Manager  
 Software Vendor  Other (indicate): \_\_\_\_\_

Line of Business:  BlueCross BlueShield of South Carolina Commercial  
(Check One)  TRICARE

Start Date: \_\_\_\_\_ (mm/dd/ccyy) End Date: \_\_\_\_\_ (mm/dd/ccyy)  
(Required when canceling an account)

Compression:  No Compression  PKZIP  UNIX  
(Check One)

Protocol:  NDM  FTP DIALUP  ASYNC DIALUP (product) \_\_\_\_\_  
(Check One)  Secure FTP  VPN  LU6.2 \_\_\_\_\_  
 TCPIP  Other (indicate): \_\_\_\_\_

## Service Address

Address 1: 3055 LEBANON PIKE STE 1000

Address 2: \_\_\_\_\_

City/State/ZIP: NASHVILLE, TN 37214

## Billing Address (If different from the Service Address)

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

## Primary Contact Information

First / Last Name: JULIE JACKSON - PSM E-mail: JUJACKSON@EMDEON.COM

Telephone: (615) 932\_3419 ext. \_\_\_\_\_ Fax: ( ) \_\_\_-\_\_\_\_

## Primary Technical Contact Information

First / Last Name: G. KELLY POST - PROJECT MANAGER E-mail: GPOST@EMDEON.COM

Telephone: (615) 932\_3579 ext. \_\_\_\_\_ Fax: ( ) \_\_\_-\_\_\_\_

## After Hours Technical Contact Information

First / Last Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: ( ) \_\_\_-\_\_\_\_ ext. \_\_\_\_\_ Fax: ( ) \_\_\_-\_\_\_\_

## On Call Technical Contact Information

First / Last Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: ( ) \_\_\_-\_\_\_\_ ext. \_\_\_\_\_ Fax: ( ) \_\_\_-\_\_\_\_



If you are a Clearinghouse or Software Vendor and would like to be added to the Thumbs Up Certified Vendor list located on the [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) Web site, please provide the following:

Web Site Address/URL: \_\_\_\_\_

Salesperson Name/Contact Telephone: \_\_\_\_\_

If you would like to provide additional contact information, please do so below. On the description line give a brief explanation or purpose for the additional contact.

### Additional Contact Information

<b>1<sup>st</sup> Additional Contact Information</b>	
Description: DIRECTOR OF PROJECT MANAGEMENT	
First / Last Name: RICHARD LAHMAN	E-mail: RLAHMAN@EMDEON.COM
Telephone: (615) 932-3654 ext. _____	Fax: ( ) - _____
Technical Contact Information	
First / Last Name: _____	E-mail: _____
Telephone: ( ) - _____ ext. _____	Fax: ( ) - _____

<b>2<sup>nd</sup> Additional Contact Information</b>	
Description: REAL TIME ENROLLMENT SUPERVISOR	
First / Last Name: SUZY CHANDLER	E-mail: SCHANDLER@EMDEON.COM
Telephone: (615) 932-3817 ext. _____	Fax: ( ) - _____
Technical Contact Information	
First / Last Name: _____	E-mail: _____
Telephone: ( ) - _____ ext. _____	Fax: ( ) - _____

<b>3<sup>rd</sup> Additional Contact Information</b>	
Description: _____	
First / Last Name: BARB HEITZMAN	E-mail: BHEITZMAN@EMDEON.COM
Telephone: (615) 932-3919 ext. _____	Fax: ( ) - _____
Technical Contact Information	
First / Last Name: _____	E-mail: _____
Telephone: ( ) - _____ ext. _____	Fax: ( ) - _____

<b>4<sup>th</sup> Additional Contact Information</b>	
Description: _____	
First / Last Name: LORI NEELY	E-mail: LNEELY@EMDEON.COM
Telephone: (615) 932-3818 ext. _____	Fax: ( ) - _____
Technical Contact Information	
First / Last Name: _____	E-mail: _____
Telephone: ( ) - _____ ext. _____	Fax: ( ) - _____
First / Last Name: _____	E-mail: _____
Telephone: ( ) - _____ ext. _____	Fax: ( ) - _____