BlueCross BlueShield of Alabama

An Independent Licensee of the Blue Cross and Blue Shield Association

NEW EDI VENDOR FORM

Vendor Information

Company Name			Date
Address	City	State	Zip
Contact Name		Title	
Office Telephone and Extension	Fax Number	Email	

Product Information If each of your products has different connectivity and/or contact information, please complete multiple forms.

Software Names	
1.	3.
2.	4.

Vendor Function: Check all that apply. (✓)

☐ Billing Service ☐ Clearinghouse ☐ Practice Management Vendor/Reseller ☐ Provider/Facility (In-house IT)
☐ Hosted Site/ASP Services
☐ Local/Site Specific Install

Lines of Business: Check all that apply. (✓)

Real-Time Transactions: ☐ Claim Status (276) ☐ Eligibility and Benefits (270/271)

Batch Transactions: ☐ Claims (837) ☐ Audit Report (277 HCCA) ☐ Remittances (835)

Lines of Business: Check all that apply. (✓)

☐ Institutional ☐ Professional ☐ Dental

Communications Check all that apply. (✓)

What method of communication will you use?

Connectivity Options: ☐ Dial Up ☐ Frame Relay ☐ Public Internet ☐ Public Internet with VPN

I certify this information is complete and correct to the best of my knowledge.

Authorized Representative Signature	Title	Date

Send the signed and completed form to:

Email: EDIVendorTesting@bcbsal.org

Fax: 1-205-403-3693