



# NEW EDI VENDOR FORM

## VENDOR INFORMATION:

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Vendor/Technical Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

## SOFTWARE INFORMATION:

Software Name(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vendor Function:

\_\_\_\_\_ Clearing House \_\_\_\_\_ Screen Scraping  
\_\_\_\_\_ Billing Service  
\_\_\_\_\_ Per Site (In-house)

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

### **Infosolutions/ePractice Management:**

### **File Transfer Protocol**

### **Internet – World Wide Web\***

\_\_\_\_\_ Claims Submission

\_\_\_\_\_ Claims Submission

\_\_\_\_\_ Claims Submission

\_\_\_\_\_ Audit Trails

\_\_\_\_\_ Audit Trails

\_\_\_\_\_ Audit Trails

\_\_\_\_\_ Remittances

\_\_\_\_\_ Remittances

\_\_\_\_\_ Remittances

\_\_\_\_\_ Patient Accounts

\_\_\_\_\_ Patient Accounts

\_\_\_\_\_ Referrals / Precertifications

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Please indicate all lines of business that will be accessed:

**Professional:** \_\_\_Part B \_\_\_Shield \_\_\_Dental

\*Information available from the private sector only. Medicare information is not available.

## COMMUNICATIONS:

What method of communication will you use?

\_\_\_\_\_ Infosolutions/ePractice Management \_\_\_\_\_ File Transfer Protocol \_\_\_\_\_ Internet\* \_\_\_\_\_ Direct Connection\*\*

\_\_\_\_\_ RPC

\_\_\_\_\_ X25 – If X25, please complete the following:

Pulselink Identifier: \_\_\_\_\_

Pulselink Password: \_\_\_\_\_

What platform will you use? \_\_\_\_\_  
(i.e. Unix, Windows)

\*Internet connection is not allowed for transfer of Medicare data.

\*\*Direct Connection option is only available for UB-92 and Medicare Part A

## **TO BE COMPLETED BY BLUE CROSS AND BLUE SHIELD OF ALABAMA:**

VENDOR NUMBER: \_\_\_\_\_

SIGNON: \_\_\_\_\_

PASSWORD: \_\_\_\_\_