



**REQUEST FOR
BLUE CROSS AND BLUE SHIELD OF ALABAMA
ELECTRONIC REMITTANCE 835 FILES**

Section I:

Pharmacy or Chain Name: _____

Address: _____

City/State/Zip: _____ Are you a Covered Entity per HIPAA? **Yes No**
(circle one)

Telephone: _____ Contact Name: _____

Facsimile: _____ E-mail: _____

Section II:

835 Vendor Name: _____

Telephone: _____ Contact Name: _____

Facsimile: _____ E-mail: _____

Section III:

Reason Requested: _____ New 835 request
 _____ Already receive 835 files but need to change vendor/directory
 _____ Adding a pharmacy to an existing directory: _____
Directory name

Connection: _____ Internet
 _____ Dial-up
 _____ Frame relay

Electronic Remittance Notices will be downloaded by Blue Cross on a weekly basis. The file will be in the latest ANSI 835 format. It is the pharmacy's responsibility to retrieve these remittance files in a timely fashion. Remittance files are purged from the FTP server after 30 days.

Section IV:

NAME OF PHARMACY(S) AND NABP (NCPDP) NUMBER(S)	PAYEE NPI	TAX ID	PHARMACY NPI (If different from Payee)

If there are additional pharmacies, please attach a list with the required information above.
 A completed EDI Enrollment form is required for each provider and must accompany this request.
Please fax to EDI Services at (205) 733-7362.

The undersigned hereby:

- Authorizes Blue Cross and Blue Shield of Alabama to disclose protected health information to the business associate identified in Section II;
- Authorizes Blue Cross and Blue Shield of Alabama to return provider passwords to the business associate identified in Section II; and,
- Agrees to notify Blue Cross and Blue Shield of Alabama if the business associate identified in Section II changes.

 Authorized Signature

 Date

Revised April 2008

PLEASE KEEP ENCLOSED EDI COMPANION DOCUMENT FOR YOUR RECORDS