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FACSIMILE TRANSMITTAL SHEET

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TO:	FROM: Ivertex Enrollment Team
COMPANY:	E-MAIL ADDRESS: ENROLLMENT@SOLACE-EMC.COM
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
DATE: 5/7/2007	SENDER'S PHONE NUMBER: 602-439-2525
RE: NE BCBS	SENDER'S FAX NUMBER: 602-439-0808

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URGENT     FOR REVIEW     PLEASE COMMENT     PLEASE REPLY     PLEASE RECYCLE

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NOTES/COMMENTS:

The following pages contain important information in regards to your EDI Enrollment for:

## NE BCBS

Included in this fax are the forms you need to complete in order to enroll in EDI. To obtain additional copies of the forms, please refer to the download link(s) provided in the Enrollment Instructions page.

Comments:
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**NE BCBS**

**Enrollment Instructions**

Thank you for your interest in Electronic Data Interchange (EDI).

***Required Documents***

The following documents are **required** enrollment documents that must be completed, signed and returned to the BCBS office prior to initiation of electronic claims submission or inquiry.

1. Trading Partner Registration Form
2. Trading Partner Agreement (2 copies)

To obtain the forms above, please download them from:

<http://www.bcbsneprovider.com/NEBLUEconnect/ProductsServices/Enrollment.asp>

If you have any questions regarding any of the documents in this package, please phone the BCBS EDI Technology Support Center at 800-821-4787 select options 4, 1.

***Required Information***

We recommend that you have the following information ready before filling out your forms:

<b>Your Submitter Information</b>	<b>Software Vendor Information</b>
<ul style="list-style-type: none"> <li>• Name</li> </ul>	<ul style="list-style-type: none"> <li>• Vendor Name – Ivertex</li> </ul>
<ul style="list-style-type: none"> <li>• Address</li> </ul>	<ul style="list-style-type: none"> <li>• Contact – EDI Team</li> </ul>
<ul style="list-style-type: none"> <li>• Phone and Fax Numbers</li> </ul>	<ul style="list-style-type: none"> <li>• Vendor Code – n/a</li> </ul>
<ul style="list-style-type: none"> <li>• E-mail Address (if any)</li> </ul>	<ul style="list-style-type: none"> <li>• Phone – 602-439-2525</li> </ul>
<ul style="list-style-type: none"> <li>• Contact Name (if other than name above)</li> </ul>	<ul style="list-style-type: none"> <li>• Fax – 602-439-0808</li> </ul>
<ul style="list-style-type: none"> <li>• Provider PIN numbers for this payer</li> </ul>	<ul style="list-style-type: none"> <li>• Address – PO Box 86609 Phoenix, AZ 85080</li> </ul>
<ul style="list-style-type: none"> <li>• Organization or Group PINs for this payer</li> </ul>	<ul style="list-style-type: none"> <li>• Software Name– SolAce EMC</li> </ul>
	<ul style="list-style-type: none"> <li>• E-mail – Support@Ivertex.com</li> </ul>

## *Filling out your forms*

### **Trading Partner Registration**

#### Section 1

- Enter your Provider, Practice, or Business Name
- Enter your Tax ID
- Enter the name of the main contact person for your office
- Enter your demographic information and contact numbers

#### Section 2

- New applicants may leave this section blank

#### Section 3

- Client Information
  - If you are a provider doing direct billing using SolAce you may skip this section.
  - If you are a billing service who bills for other organizations, please complete one of these for each of your clients.

#### Section 4

- Mark “No” for the PC-Ace section

#### Section 5

- This page is for HOSPITAL BILLING only.
  - If you are a hospital please complete this page, otherwise please skip it.

#### Section 6

- This page is for Individuals who will be billing claims electronically.
  - Providers billing direct – Enter the names and PIN numbers of the Physicians in your office that you will be billing for.
  - Billing Services – Enter the names and PIN numbers of the Providers you will be billing for on behalf of your client that you stated in section 3 of this form.
  - Enter your EIN number below the table

### **Trading Partner Agreement**

Please complete the Trading Partner section on page 4 of this form with your information.

NOTE: You must complete 2 copies of this form

*If you have any questions about these forms please contact the following:*

<b>Sean Blair</b> serves offices in Omaha and South of I-80 (402) 392-4205	<b>Howard Jones</b> serves offices located in Lincoln and North of I-80 (402) 343-3301
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### ***Submitting your forms***

It is recommended that you keep a copy of all the forms you will be submitting for your records. Mail the enrollment forms reflecting **original** signatures to:

Howard Jones  
BCBSNE  
NEBLUEconnect  
PO Box 3248  
Omaha, NE 68180

It is very important that you complete and return the entire enrollment packet as described above. ***Incomplete packets will not be processed and will be returned to the submitter.***

### ***Waiting for a response***

Once the complete provider enrollment packet has been received, the documents will be processed. Processing will take approximately two weeks from the date of receipt. (Remember that mailing time can take as much as five days.)

After processing, a confirmation will be faxed to you as notification to begin filing claims electronically. If neither confirmation nor a returned packet is received after two weeks, please phone the BCBS EDI Technology Support Center at 800-821-4787 select options 4, 1.

### ***Testing***

Once you have received your Submitter ID and password from BCBS, please call the Ivertex Support Team and set an appointment for a Mailbox setup and Test Transmission to BCBS.

Please have 25 test claims ready for testing. Test files should consist of a variety of claims that represent the type of claims you will be submitting once production status is achieved. Test claims will not be processed for payment but will be validated against production files; therefore, they must contain valid patient procedure, diagnosis, and provider information.