



Iowa BCBS ERA's

If you wish to receive Electronic Remittance Advice (ERA's) from Blue Cross Blue Shield, complete the attached agreement and return it to Infinedi Client Implementation department.

Provider Number Requirements

If billing as a group, two separate provider numbers are required: a group billing provider number and the rendering provider numbers.

- Group billing provider numbers must consists of:

Five numerics
For example: 12345

- The rendering provider number consists of:

Five numerics
For example: 12345

Agreement Instructions

- Complete the Provider Information and Line of Business on page 1.
- Complete page 2. Must complete page for each provider number you need to register.
- Complete page 3. Must complete all fields. **Note:** Box for ERA should **ONLY** be completed if you are enrolling for ERAs.
- Have provider sign all 3 pages where indicated.

Please complete agreements and mail back to:

Infinedi
Attn: Client Implementation
1437 S Boulder Ave, Suite 1030
Tulsa, OK 74119-3616

If you have any questions, contact our client implementation department at 800-688-8087.



ELECTRONIC TRANSACTION REGISTRATION FORM

Electronic Commerce Solutions
636 Grand Avenue, Station 142
Des Moines, IA 50309
Toll Free 800-407-0267
Fax 800-691-1038

****A VALID PROVIDER ID FOR WELLMARK BLUE CROSS AND BLUE SHIELD OF IOWA OR SOUTH DAKOTA IS REQUIRED TO REGISTER****

Submitter Name: Infinedi, LLC
Contact: Enrollment Department Title: Payer Approval
Phone: (800) 688-8087 Fax: (918) 249-4460
Submitter Address 1: 1437 South Boulder Ave., Suite 1030
Submitter Address 2: _____
City: Tulsa State: OK Zip Code: 74119
County: Tulsa Email Address: payerapproval@infinedi.net
Do you already have a submitter ID? (This is separate from your provider number) YES NO
If yes, what is your Submitter ID? 000011610

As a result of HIPAA regulations, we need to know if you provide clearinghouse services for electronic transactions.

YES NO

Please select a method for sending your electronic transactions: Internet Connection to INet (Web BBS) or Dial-Up to INet

Will you be posting 835 transactions (Electronic Remittance Advice)? YES NO If "YES", please answer next question.

Do you have the capability to process 835 transactions (ERA)? YES NO

If 835 transactions (ERAs) are to be received, deliver to the following submitter number: _____

Practice Management Software

Vendor Name: TOTALCLAIMS
Address 1: 1437 S. Boulder Ave., Ste 1030
Address 2: _____
City: Tulsa
State: OK Zip Code: 74119
Phone: (800) 688-8087

Provider Information

Provider Name: _____
Address 1: _____
Address 2: _____
City: _____
State: _____ Zip Code: _____
Phone: () _____

Lines of Business: Blue Shield (Professional) Blue Cross (Institutional) Blue Dental
DME (Wellmark Only) Commercial

Assigned Wellmark Group Provider Number(s): _____

Assigned Wellmark Individual Provider Number(s) & Name(s): _____

If additional space for provider numbers and names is needed, please attach a list to this agreement.

For information on communications software to submit ANSI 837 electronic transactions please contact EC Solutions at 800-407-0267.

Please complete and sign the registration form. The signature (located at the bottom of the form) must be from a provider or an office administrator authorized to sign on behalf of the doctors or facility.

Authorized Signature /Date **(REQUIRED)** _____

SIGNATURE AND AUDIT AGREEMENT

We (I) hereby authorize Wellmark Blue Cross and Blue Shield, acting on their own behalf or as fiscal agents for the administration of Title XVIII in Iowa or as agents of Blue Dental Plan and Pharmacy Service Corporation access to patients' files to:

- 1) Verify that valid patient authorizations are received and maintained for claims submitted from the office, when applicable.
- 2) Verify the validity and accuracy of the claims submitted.

In submitting machine readable claims, WE (I) understand that WE ARE (I AM) certifying that the required patient signatures, or, where applicable, appropriate signatures on behalf of the patient, and required physician certifications and re-certifications (PSRO certifications where applicable) are on file and that anyone who misrepresents or falsifies essential claims information, may, upon conviction be subject to fine and imprisonment under Federal law.

In the event that payment information is returned in machine-readable form, WE (I) understand that this information will cover all claims paid to this provider number whether they were submitted on paper or in machine readable form.

- Patient Authorizations (signatures) are not required for non-patients.
- Please photocopy this page for each provider number you need to register.

Signed: _____

Provider Name: _____

Address 1: _____

Address 2: _____

City, State and Zip Code: _____

Assigned Wellmark Group Provider Number(s): _____

Assigned Wellmark Individual Provider Number(s) & Name(s): _____

Date: _____

Fax to EC Registration Department at: 800-691-1038
or mail to:
EC Solutions
Attention: EC Registration Department
636 Grand Avenue, Station 142
Des Moines, IA 50309

**PROVIDER AUTHORIZATION FOR ELECTRONIC TRANSACTIONS
VIA THIRD PARTY**

I, _____, _____,
(Administrator/Officer) (Title)

representing _____ submitter number N/A
(Provider Office Name) (Provider Submitter # if Applicable)

authorize Infinedi, LLC
(Clearing House/Billing Service)

submitter number 000011610 to submit my electronic claims to INet
(Clearing House/Billing Service Submitter #)

for the following provider numbers and names: _____,
_____, _____, _____, _____.

If additional space for provider numbers and names is needed, please attach a list to this agreement.

Provider Office Name: _____

Provider Address: _____

City, State and Zip Code: _____

Phone: () _____ Fax: () _____

E-mail Address: _____

(Signature of Administrator in Provider Office) (Signed Date)

Note: This box is only applicable if you currently receive Electronic Remittance Advices (ERA) or would like to receive ERA's in the future.

I would like my ERA to go to my office.
The submitter number for my office is: _____

OR

I would like my ERA to go to my Clearing House/Billing Service.
Their submitter number is: 000011610

Fax to EC Registration Department at: 800-691-1038
or mail to:
EC Solutions
Attention: EC Registration Department
636 Grand Avenue, Station 142
Des Moines, IA 50309