



**EDI Registration Form**

Return to: Empire BlueCross BlueShield  
 NY EDI Technical Operations  
 15 MetroTech Center, Brooklyn, NY 11201  
 Phone: (866) 889-7322 Fax: (877) 287-1410

**NOTE: Unless otherwise indicated, all fields in all sections MUST be completed**

<b>Section I. Action</b> (choose one)		<b>Section II. Line of Business</b> (choose one)	
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete		<input type="checkbox"/> BlueCross <input type="checkbox"/> BlueShield <input type="checkbox"/> Commercial (Requires Quicklink contract)	
<b>Section III. EDI Transactions</b> (check all that apply, Commercial allows 837 claim and EDI Reports ONLY)			
<input type="checkbox"/> 837 Claim		<input type="checkbox"/> 276/277 Claim Status & Response*	
<input type="checkbox"/> 835 Remittance (one receiver per provider)		<input type="checkbox"/> 278 Pre-certification & Specialty Care Referral*	
<input type="checkbox"/> EDI Reports (one receiver per provider)		<input type="checkbox"/> 834 Benefit Enrollment & Maintenance (Benefit administrators only)	
<input type="checkbox"/> 270/271 Eligibility Inquiry & Response*			
*Complete <a href="#">27x (TCP/IP Socket)</a> form if not currently exchanging 27x transactions with Empire			
<b>Section IV. Network Connectivity Provider</b> (choose one)*		<b>Section V. File Transfer Method*</b>	
<input type="checkbox"/> IVANS Dialup**		<input type="checkbox"/> EMDEON/WebMD	
<input type="checkbox"/> IVANS Internet VPN**		<input type="checkbox"/> VisionShare	
<input type="checkbox"/> IVANS Frame Relay**		<input type="checkbox"/> Other – specify below: _____	
<input type="checkbox"/> ECC Technologies		<input type="checkbox"/> Empire e-Link	
<input type="checkbox"/> _____		<input type="checkbox"/> TCP/IP Socket	
<input type="checkbox"/> _____		<input type="checkbox"/> FTP	
<input type="checkbox"/> _____		<input type="checkbox"/> HTTPS**	
*Trading partner is responsible for obtaining a <a href="#">telecommunications connection</a> to Empire		*Choose one	
**Complete IVANS Communications Service Agreement if not currently connected to Empire		** Real-time transactions only	
<b>Section VI. Trading Partner/Submitter/Receiver Information</b> (leave Submitter ID field blank if you are a new submitter)			
Name _____		Submitter ID _____	
Operating as <input type="checkbox"/> Provider <input type="checkbox"/> Clearinghouse <input type="checkbox"/> Vendor <input type="checkbox"/> Billing Agent			
Address _____			
City, State, Zip Code _____			
Contact Name _____		Phone # _____	
Contact Email Address _____		Fax # _____	
<b>Section VII. Software Vendor Information</b> (complete only if operating as a Provider or Billing Agent)			
Vendor Name _____			
Contact Name _____		Phone # _____	
Contact Email Address _____		Fax # _____	
<b>Section VIII. Provider Information</b> (review Companion Guide at <a href="http://www.empireblue.com/edi">www.empireblue.com/edi</a> /Facility or Provider HIPAA for EDI requirements)			
<u>Provider # or NPI</u>	<u>Provider Name</u>	<u>Provider # or NPI</u>	<u>Provider Name</u>

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Title \_\_\_\_\_

The person signing this form understands the provider is responsible for the data received by the trading partner. If the data is mishandled in any way, the provider will be held responsible. The third-party is prohibited from viewing, storing, modifying, or reporting the data for it's own use.

**Instructions Follow**



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<b>Section I.</b>	<b>Action</b>	Indicates the reason for the request. Choose one item only.
	Add Change Delete	Establishes a new Submitter/Trading Partner ID. Modifies an existing Submitter/Trading Partner ID. Removes indicated EDI configuration.
<b>Section II.</b>	<b>Line of Business</b>	Use one form per line of business. Choose one item only.
	BlueCross BlueShield Commercial	Empire Institutional and BlueCross claims. Empire Professional and BlueShield claims. Other Private Insurer Institutional and Professional claims.
<b>Section III.</b>	<b>EDI Transactions</b>	Select the transactions the trading partner will exchange electronically.
	837 Claims	Choose to send Institutional or Professional ASC X12 837 claims. 1 or more trading partners are allowed to send this transaction. Line of business determines file authorization.
	835 Remittance	Choose to receive Institutional or Professional ASC X12 835 remittances. This transaction allows one receiver only. Line of business determines file authorization.
	EDI Reports	Choose to receive EMC Receipt Reports, 997 and other types of files. This transaction allows one receiver only. Line of business determines file authorization.
	270/271 Eligibility Inquiry & Response	Choose to send & receive real-time 270/271 Eligibility & Response files. Trading partner responsible for communication software.
	276/277 Claim Status & Response	Choose to send & receive real-time 276/277 Claim Status & Response files. Trading partner responsible for communication software.
	278 Pre-certification & Specialty Care Referral	Choose to send & receive real-time 278 Pre-certification & Specialty Care Referral files. Trading partner responsible for communication software.
	834 Benefit Enrollment & Maintenance	This transaction can only be utilized by Group Benefit Administrators
<b>Section IV.</b>	<b>Network Connectivity Provider</b>	Select the network you will use to connect to the Empire BlueCross BlueShield network. Choose one item only.
<b>Section V.</b>	<b>File Transfer Method</b>	Select the application used to transfer files to/from Empire BlueCross BlueShield applications. Choose one item only.
<b>Section VI.</b>	<b>Trading Partner/Submitter/Receiver Information</b>	Provides space to indicate information about the trading partner who will be exchanging the transactions identified in Section III.
<b>Section VII.</b>	<b>Software Vendor Information</b>	Provides space to indicate information about the software package used by the trading partner/provider who will be exchanging the transactions identified in Section III.
<b>Section VIII.</b>	<b>Provider Information</b>	Provides space to indicate the provider identifiers sent in the transactions identified in Section III.