

Wisconsin Blue Cross Blue Shield

Complete form and mail or FAX original to:

Central Region
EDI13550 Triton Park Blvd.
Louisville, KY 40223

Fax: 502-889-4533

Blank forms may be copied.

Call LTC at 888-941-8967 if you have questions.

EDI TRADING PARTNER REGISTRATION FORM

Please print legibly to avoid form being returned

1. Trading Partner Information

Partner Name	Sender Number <i>(if applicable)</i>	
Address		
City	State	Zip Code
Contact Name	Phone	
E-Mail Address	Fax	

2. Type of Submitter *Check one*

Physician Clearinghouse Billing Service Software Vendor Hospital Lab

3. Transaction(s)

- | | | | | | |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 837I Claim: Institutional | <input type="checkbox"/> IN | <input type="checkbox"/> KY | <input type="checkbox"/> OH | <input type="checkbox"/> MO | <input type="checkbox"/> WI |
| <input type="checkbox"/> 837P Claim: Professional | <input type="checkbox"/> IN | <input type="checkbox"/> KY | <input type="checkbox"/> OH | <input type="checkbox"/> MO | <input type="checkbox"/> WI |
| <input type="checkbox"/> 837D Claim: Dental | <input type="checkbox"/> IN | <input type="checkbox"/> KY | <input type="checkbox"/> OH | <input type="checkbox"/> MO | <input type="checkbox"/> WI |
| <input type="checkbox"/> 270/271 Eligibility | <input type="checkbox"/> IN | <input type="checkbox"/> KY | <input type="checkbox"/> OH | <input type="checkbox"/> MO | <input type="checkbox"/> WI |
| <input type="checkbox"/> 276/277 Claim Status | <input type="checkbox"/> IN | <input type="checkbox"/> KY | <input type="checkbox"/> OH | <input type="checkbox"/> MO | <input type="checkbox"/> WI |
| <input type="checkbox"/> 278 Referral Status | <input type="checkbox"/> IN | <input type="checkbox"/> KY | <input type="checkbox"/> OH | <input type="checkbox"/> MO | <input type="checkbox"/> WI |
| <input type="checkbox"/> *835 Payment Advice / Remit | <input type="checkbox"/> IN | <input type="checkbox"/> KY | <input type="checkbox"/> OH | <input type="checkbox"/> MO | <input type="checkbox"/> WI |

4. State

5. Transmission Method *Check one*

- Kermit
 Z Modem
 FTP via PPP Connection
 PK Zipped
 G Zipped

*Complete additional registration form, available on www.anthem.com/edi, Register

6. Delimiters *(preferred)* Element Separator: asterisk (*) Sub-element Separator: bar (|) Segment Terminator: Tilde (~)
Specify Element Separator: _____ Sub-element Separator: _____ Segment Terminator: _____

7. Technical Information

Vendor Name		
Address		
City	State	Zip Code
Contact Name	Phone	
E-Mail Address	Fax	
Software Name		

OFFICE USE ONLY

DATABASE ID		SENDER ID		MERCATOR		FTP REQUEST	
SET UP DATE		PASSWORD		UNIX		STATE	
		PROV LOOKUP		SERVICE CENTER			

COMPLETED REGISTRATION FORM MUST BE RETURNED VIA MAIL OR FAX TO:

Central Region EDI
13550 Triton Park Blvd.
Louisville, KY 40223
Phone: 800-470-9630 Fax: 502-889-4533

BY COMPLETING THE EDI REGISTRATION FORM, I ACKNOWLEDGE THE RECEIPT OF THE TRADING PARTNER AGREEMENT AND COMPANION GUIDE/DOCUMENTS.