



Enrollment Department
 MedAvant
 1854 Shackelford Court,
 Suite 200
 Norcross, GA. 30093

Phone: (800) 792-5256 Option 1
Fax: (770) 885-4559
 provider.enrollment@MedAvanthealth.com

Payer Agreement Instructions for Arkansas Blue Shield

Important Notes

The provider **must** be enrolled with the payer and have a valid Provider Identification Number (PIN) before completing the agreement to submit electronic claims. Please wait until the PIN has been assigned **before** completing these forms requesting submission of electronic claims. Please do not list the PIN as "pending".

To obtain a PIN for a specific payer, **the provider or Billing Service** must contact the payer's Provider Relations Department. MedAvant **cannot** make this request for the provider.

- If making copies include *all* pages of this agreement and be sure they are all legible.
- Submit one agreement for each Group ID.
- Incomplete or incorrect agreements will be returned delaying enrollment and approval.

Guidelines for completing: Arkansas Blue Shield- Payer ID BS048

ANSI 4010A1 837 Health Care Claim Enrollee Information

Field	Instructions
<i>Section C:</i>	Complete all entry fields as labeled
<i>Section C: Signature</i>	This agreement must be signed with the original signature of the provider or authorized agent. Stamped signatures will not be accepted.

Return the Agreement to the Payer:

Physical address for USPS, FedEx, UPS, etc.

EDI-4BCS
 PO Box 2181
 601 S. Gaines St.
 Little Rock, AR 72203

MedAvant's Claims Enrollment Form

Please complete a MedAvant **Claims Enrollment Form** for each Tax ID and fax it to MedAvant at: (770) 885-4559. This form can be used if you are enrolling with one or more new Payer(s) or if you are enrolling a new rendering provider with your existing Payer(s).

**The Claims Enrollment Form, with instructions
 is located at:**

<http://www.MedAvanthealth.com/payerlist/default.asp>

**Questions? Contact MedAvant enrollment at:
 (800) 792-5256 Option 1**

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10. That the CMS-assigned unique identifier number (submitter identifier) or NPI constitutes the Provider's legal electronic signature and constitutes an assurance by the Provider that services were performed as billed.
 11. That it will use sufficient security procedures (including compliance with all provisions of the HIPAA security regulations) to ensure that all transmissions of documents are authorized and protect all beneficiary-specific data from improper access.
 12. That it will acknowledge that all claims will be paid from Federal funds, that the submission of such claims is a claim for payment under the Medicare program, and that anyone who misrepresents or falsifies or causes to be misrepresented or falsified any record or other information relating to that claim that is required pursuant to this Agreement may, upon conviction, be subject to a fine and/or imprisonment under applicable Federal law.
 13. That it will establish and maintain procedures and controls so that information concerning Medicare beneficiaries, or any information obtained from CMS or its carrier, MAC FI or other contractor if designated by CMS, shall not be used by agents, officers, or employees of the billing service except as provided by the carrier, MAC, or FI (in accordance with §1106(a) of the Social Security Act {the Act}).
 14. That it will research and correct claim discrepancies.
 15. That it will notify the carrier, MAC, FI or other contractor if designated by CMS within two business days if any transmitted data are received in an unintelligible or garbled form.

B. The Centers for Medicare and Medicaid Services (CMS) agrees to:

1. Transmit to the Provider an acknowledgement of claim receipt.
2. Affix the carrier, MAC, FI or other contractor if designated by CMS number, as its electronic signature, on each remittance advice sent to the Provider.
3. Ensure that payments to Providers are timely in accordance with CMS' policies.
4. Ensure that no carrier, MAC, FI or other contractor if designated by CMS may require the Provider to purchase any or all electronic services from the carrier, MAC, or FI or from any subsidiary of the carrier, MAC, FI, other contractor if designated by CMS or from any company for which the carrier, MAC, or FI has an interest. The carrier, MAC, FI or other contractor if designated by CMS will make alternative means available to any electronic biller to obtain such services.
5. Ensure that all Medicare electronic billers have equal access to any services that CMS requires Medicare carrier, MAC, FI or other contractor if designated by CMS to make available to Providers or their billing services, regardless of the electronic billing technique or service they choose. Equal access will be granted to any services the carrier, MAC, FI or other contractor is designated by CMS sells directly, indirectly, or by arrangement.
6. Notify the Provider within two business days if any transmitted data are received in an unintelligible or garbled form.

NOTICE:

Federal law shall govern both the interpretation of this document and the appropriate jurisdiction and venue for appealing any final decision made by CMS under this document.

This document shall become effective when signed by the Provider. The responsibilities and obligations contained in this document will remain in effect as long as Medicare claims are submitted to carrier, MAC FI or other contractor if designated by CMS. Either party may terminate this arrangement by giving the other party (30) days written notice of its intent to terminate. In the event that the notice is mailed, the written notice of termination shall be deemed to have been given upon the date of mailing, as established by the postmark or other appropriate evidence of transmittal.

C. SIGNATURE:

I am authorized to sign this document on behalf of the indicated party and I have read and agree to the foregoing provisions and acknowledge same by signing below.

Provider's Name

Provider/Facility Name

Provider's Pay-to NPI Number

Group PTAN/ Pay-to Provider Number

Provider's Physical Address

City, State, Zip

Signature

Title

Printed Name of Above Signer

Daytime Telephone Number

Check One: New Submitter/Provider

Joining an Existing Submitter ID#

Submitter ID to join: _____

RETURN TO:
EDI Services
Attn: EDI-4-BC/S
PO BOX 2181
LITTLE ROCK, AR 72203
FedEX or UPS: 601 S. Gaines St. Little Rock, AR. 72201
Fax (501) 378-2265
EDI Service Line (866) 582-3247
edi@arkbluecross.com