



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

Phone: (800) 792-5256 Option 812
Fax: (770) 885-4559
 provider.enrollment@proxymed.com

Payer Agreement Instructions for Capital Blue Cross

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. ProxyMed, Inc. **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.
- Approval will take 3- 4 weeks. If you receive an approval letter from the payer, contact us via phone or fax a copy to us. **DO NOT** transmit your claims until you receive an approval letter from ProxyMed or your claims will reject.

Guidelines for completing: Capital Blue Cross - Payer ID 54720

EDI Agent Designation Form

| Field | Instructions |
|--|---|
| <i>Provider Name:</i> | Enter provider/Group Name |
| <i>Agent Name (as our agent for the following purposes):</i> | Pre-Filled by ProxyMed |
| <i>Description of Agency:</i> | Pre-Filled by ProxyMed |
| <i>List Provider Numbers Covered by this Agency Agreement:</i> | Usually the providers 8 Digit Group Number. If there is more than one group number, please indicate in this field |
| <i>Signature:</i> | Signature of the Provider or someone authorized to sign on behalf of the Provider |
| <i>Print Name, Phone, Email, Title and Date:</i> | Please complete as requested |



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Return the Agent Destination Form to the Payer :

| Mailing Address |
|-----------------------------------|
| Capital Blue Cross |
| 2500 Elmerton Ave |
| Harrisburg, PA 17110-9764 |
| Attn: Cliff Jekel, Mail Drop 4138 |

ProxyMed's Provider Listing Form/Agreement Tracking Form

Please complete a ProxyMed **Provider Listing Form** for each Tax ID enrolling for this Payer and a ProxyMed **Agreement Tracking Form** to record the method and date you sent this agreement to the Payer. These can be faxed to ProxyMed at: **(770) 885-4559**.

**The Provider Listing Form &
Agreement Tracking Form
are located at:**

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

**Questions? Contact ProxyMed Enrollment at: (800)
792-5256, Option 812**

