



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 South Carolina Blue Shield and South Carolina Companion Healthcare

### 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 Tax ID.
- Incomplete or incorrect agreements will be returned delaying enrollment and approval.
- Approval will take 4-6 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:

South Carolina Blue Shield - Payer ID BS028

South Carolina Companion Healthcare - Payer ID BS060

### BCBSSC EDIG Trading Partner Enrollment Form

Page 1 is pre-filled with ProxyMed's information.

Page 3 is not applicable to the practice/ provider.

#### Vendor Customer's Information

Field	Instructions
<i>Name, Federal Tax Identification Number and State:</i>	Complete as indicated.
<i>Add / Change / Remove:</i>	Complete with the default value of ADD.

#### Additional Contact Information

<i>Description, First / Last Name, E-Mail, Telephone, Fax, etc.:</i>	N/A
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### Return the Agreement to the Payer:

**Physical address for USPS, FedEx, UPS, etc.**

South Carolina Blue Cross Blue Shield  
 Attention: Technology Support Center EDI Enrollment (AA-E05)  
 I-20 at Alpine Road  
 Columbia, SC 29219



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**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. Fax both 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





If you would like to provide additional contact information, please do so on this page. On the description line give a brief explanation or purpose for the additional contact.

## Additional Contact Information

<b>1<sup>st</sup> Additional Contact Information</b>	
Description: _____	
First / Last Name: _____	E-Mail: _____
Telephone: ( ) _-__ ext. __	Fax: ( ) _-__
<b>Technical Contact Information</b>	
First / Last Name: _____	E-Mail: _____
Telephone: ( ) _-__ ext. __	Fax: ( ) _-__

<b>2<sup>nd</sup> Additional Contact Information</b>	
Description: _____	
First / Last Name: _____	E-Mail: _____
Telephone: ( ) _-__ ext. __	Fax: ( ) _-__
<b>Technical Contact Information</b>	
First / Last Name: _____	E-Mail: _____
Telephone: ( ) _-__ ext. __	Fax: ( ) _-__

<b>3<sup>rd</sup> Additional Contact Information</b>	
Description: _____	
First / Last Name: _____	E-Mail: _____
Telephone: ( ) _-__ ext. __	Fax: ( ) _-__
<b>Technical Contact Information</b>	
First / Last Name: _____	E-Mail: _____
Telephone: ( ) _-__ ext. __	Fax: ( ) _-__

<b>4<sup>th</sup> Additional Contact Information</b>	
Description: _____	
First / Last Name: _____	E-Mail: _____
Telephone: ( ) _-__ ext. __	Fax: ( ) _-__
<b>Technical Contact Information</b>	
First / Last Name: _____	E-Mail: _____
Telephone: ( ) _-__ ext. __	Fax: ( ) _-__

<b>5<sup>th</sup> Additional Contact Information</b>	
Description: _____	
First / Last Name: _____	E-Mail: _____
Telephone: ( ) _-__ ext. __	Fax: ( ) _-__
<b>Technical Contact Information</b>	
First / Last Name: _____	E-Mail: _____
Telephone: ( ) _-__ ext. __	Fax: ( ) _-__