



Electronic Data Interchange Enrollment/Change Form

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Payer ID = BCBSVT

Section 1: Reason for Request

Effective Date of Requested Change: _____

New Setup Claims Submission (837) – Professional Institutional Both

New Setup Remittance Advice (835) – Professional Institutional Both

Acknowledgement (997)

Add New Provider(s)

837 – Professional Institutional Existing Submitter ID # _____

835 – Professional Institutional Existing Submitter ID # _____

Change of Group Practice or Individual Provider Name

Transfer of Vendor/Clearinghouse – 837 835 Both Change of Clearinghouse Name

Change of Demographic Information Change of Contact Information

Section 2: Clearinghouse Information

New Vendor/Clearinghouse Existing Vendor/Clearinghouse Change of Vendor/Clearinghouse

Vendor/Clearinghouse Name: _____

Primary Contact Name: _____

Primary Contact Telephone: _____

Primary Contact E-Mail: _____

Existing Submitter ID#: _____

Previous Vendor/Clearinghouse Name & Submitter ID#: _____

Section 3: Facility/Group Practice/Individual Provider Information

New Change

Facility/Practice/Provider Name: _____

Primary Contact Name: _____

Primary Contact Telephone: _____

Primary Contact E-Mail: _____

Tax ID: _____ National Group Provider Identifier (NPI): _____

Existing Submitter ID# _____