

## **NEW EDI VENDOR FORM**

An Independent Licensee of the Blue Cross and Blue Shield Association

Vendor Information					
Company Name Date					
Address		City		State	Zip
Contact Name			Title	1	
Office Telephone and Extension Fax Number			Email		
Product Information If each of your products has different connectivity and/or contact information, please complete multiple forms.					
Software Names					
1.		3.			
2.		4.			
Vendor Function: Check all that apply. (✓)					
Billing Service Clearinghouse Practice Management Vendor/Reseller Provider/Facility (In-house IT) Hosted Site/ASP Services Local/Site Specific Install					
Lines of Business: Check all that apply. (✓)					
Real-Time Transactions: Claim Status (276) Eligibility and Benefits (270/271)					
Batch Transactions:					
Lines of Business: Check all that apply. (✓)					
☐ Institutional ☐ Professional ☐ Dental					
Communications Check all that apply. (✓)					
What method of communication will you use?					
Connectivity Options:					
I certify this information is complete and correct to the					
best of my knowledge. Authorized Repres		Title		Date	
Send the signed and completed form to:					
Email:EDIVendorTesting@bcbsal.orgFax: 1-205-403-3693					