



FACSIMILE TRANSMITTAL SHEET

TO:	FROM: Ivertex Enrollment Team
COMPANY:	E-MAIL ADDRESS: ENROLLMENT@SOLACE-EMC.COM
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER: 3
DATE: 10/10/2007	SENDER'S PHONE NUMBER: 602-439-2525
RE: AZ BCBS	SENDER'S FAX NUMBER: 602-439-0808

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

The following pages contain important information in regards to your EDI Enrollment for:

AZ BCBS

Comments:



AZ BCBS

Enrollment Instructions

Thank you for your interest in Electronic Data Interchange (EDI).

To enroll for electronic claim submission, please call the AZ BCBS Support Desk at **602-864-4844** or **1-800-650-5656**.

Let the support desk know that you will be using SolAce EMC to submit **AZ BCBS claims directly to BCBS**. They will then send you the required trading partner agreement that you will need to complete.

Once you've received your AZ BCBS submitter ID, please contact the **SolAce Support** team to schedule a time to setup your new AZ BCBS mailbox.

You will need the following information when you fill out the enrollment forms:

- Segment Terminator: ~ (tilde)
- Element Separator: * (asterisk)
- Component (Sub element) Separator: : (colon)
- Do not include a Carriage Return
- Choose the Dial up (BBS) option for connection

Possible Required Information

We recommend that you have the following information ready before filling out your forms:

Your Submitter Information	Software Vendor Information
• Name	• Vendor Name – Ivertex
• Address	• Contact – EDI Team
• Phone and Fax Numbers	• Vendor Code – N/A
• E-mail Address (if any)	• Phone – 602-439-2525
• Contact Name (if other than name above)	• Fax – 602-439-0808
• Provider PIN numbers for this payer	• Address – PO Box 86609 Phoenix, AZ 85080
• Organization or Group PINs for this payer	• Software Name– SolAce EMC
	• E-mail – Support@Ivertex.com

Waiting for a response

Once the complete provider enrollment packet has been received, the documents will be processed. Processing will take approximately two weeks from the date of receipt. (Remember that mailing time can take as much as five days.)

After processing, a confirmation will be faxed to you as notification to begin filing claims electronically. If neither confirmation nor a returned packet is received after two weeks, contact the BCBS Technology Support Center toll-free at 1-800-650-5656.

Testing

Please have 25 test claims ready for testing. Test files should consist of a variety of claims that represent the type of claims you will be submitting once production status is achieved. Test claims will not be processed for payment but will be validated against production files; therefore, they must contain valid patient procedure, diagnosis, and provider information.