



FACSIMILE TRANSMITTAL SHEET

TO:	FROM: Ivertex Enrollment Team
COMPANY:	E-MAIL ADDRESS: ENROLLMENT@SOLACE-EMC.COM
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
DATE: 6/1/2009	SENDER'S PHONE NUMBER: 602-439-2525
RE: VT Blue Cross Blue Shield	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:

VT Blue Cross Blue Shield

Comments:



VT Blue Cross Blue Shield

Enrollment Instructions

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

Enrolling for a Submitter ID

To enroll for a Submitter ID with VT Blue Cross Blue Shield please call 1-800-334-3441

Let the EDI Support Analyst know the following:

- You would like for them to email or fax you the necessary enrollment forms so you can submit electronic claims to them directly.
- You would also like to receive your Remittance Advices electronically
- You will be using the SolAce EMC Software to connect to them DIRECTLY
- Your software vendor is Ivertex
- You will be using the FTP method

The Analyst should then let you know of any other enrollment forms that you need to complete.

Once you receive your Submitter, User ID and Password you can call us at 602-439-2525 for mailbox setup assistance and test file transmission assistance.

Ivertex Information

Software Vendor Information
• Vendor Name – Ivertex
• Contact – EDI Team
• Vendor Code – N/A
• Phone – 602-439-2525
• Fax – 602-439-0808
• Address – PO Box 86609 Phoenix, AZ 85080
• Software Name– SolAce EMC
• E-mail – Support@Ivertex.com