



P.O. Box 7011 Northridge, Ca 91327-7011 \* (818) 368-5501 \* [www.signatureclaims.net](http://www.signatureclaims.net)

## Provider Sign-up Form Information

### Blue Cross of Idaho

Completely fill in Section A

Under Section B, check “ANSI4010A1”

Also check “Provider is with Billing Service or another Clearinghouse”

Under “Clearinghouse” put “Signature Claims - 20-3506468”

Under Section C check “X12N 837P (*Professional Claim*)”

If you want Electronic Remittance Advice, then check the box in Section C “X12N 835 (*Remittance Advice*)”. You will receive your ERA from Signature Claims. NOTE: This often will END your paper EOBs.

Complete and sign Section E

Mail or fax this form to:

**EDI Enrollment:**

3000 E Pine Ave

Meridian, Id 83642

Fax 208-331-7203



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**Section A – Provider Information**

Classification <i>(Required)</i>	Please indicate your classification: <input type="checkbox"/> Individual Provider <input type="checkbox"/> Group/Practice
Business Name	
Provider Name <i>(Last, First, MI and Suffix)</i>	
Provider Number <i>(Required by Individuals)</i>	
Group Number <i>(Required by Groups)</i>	
Provider NPI Number	
Business Address	
City, State, and Zip	
Telephone Number	
Fax Number	
Contact Name	
Email Address	

**Section B – Electronic Submission Method**

*Please check the applicable*

- ANSI4010A1  NSF90301
- Provider is the Direct Submitter of Data
- Provider is with Billing Service or another Clearinghouse

Billing Service	
Clearinghouse	

**Section C – Standard Transactions**

- X12N 837P *(Professional Claim)*
- X12N 837I *(Institutional Claim)*
- X12N 835 *(Remittance Advice)*
- X12N 270/271 *(Eligibility Inquiry/Response)*
- X12N 276/277 *(Claims Inquiry and Response)*

**Section D – Software Vendor**

Name of Software Vendor on Contract	
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**Section E – Signature**

Signature of Provider or Office Manager	
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