
**ANSI 4010A1 270 / 271 ELIGIBILITY INQUIRY
ENROLLEE INFORMATION**

The following pages should be completed to begin your enrollment for the electronic transmission of ANSI 4010A1 270 / 271 Eligibility Inquiry or to update your current EDI profile for Eligibility Inquiry. Questions should be directed to the EDI Service Line toll free 866-582-3247. Fax 501-378-2265.

Provider's Submitter Number: (write "NEW" if new enrollee): _____

Provider's Clinic or Association Name: _____

Provider's Pay-to Arkansas Blue Cross Provider Number: _____

Provider's Pay-to NPI Number: _____

Provider's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person in Provider's Office: _____

Telephone #: _____ Fax #: _____

E-mail Address: _____

TRANSMISSION INFORMATION

➤ ***Submitter plans to transmit 270 Eligibility Inquiry for providers in Arkansas.***

Includes Blue Cross and Blue Shield, Health Advantage, and Blue Advantage (USAb) Administrators, Blue Card (ITS), Medipak, and Federal Employees Program (FEP).

➤ ***Submitter will be using the following method to transmit 270 Eligibility Inquiry:***

_____ Directly from facility to the EDI Services System using Asynchronous Communications

_____ Through a Clearinghouse – Submitter ID of Clearinghouse: _____

An original signature is required from the Provider, or authorized person on the Provider's behalf. An authorized person is one who can sign legal documents on behalf of the Provider. Signatures from billing services or clearinghouses are not accepted.

Authorized Signature: _____

Date: _____

LETTER OF AUTHORIZATION - 270/271

TO BE SIGNED BY PROVIDER

Please complete the form below and return by mail to the address located at the bottom of this page. Faxed copies will be accepted.

This document is for the purpose of authorizing someone other than the Provider to submit or receive electronic data interchange (EDI) transactions on behalf of the Provider. All fields must be completed, and failure to include all necessary information may result in the rejection of this letter. **An original signature is required from the Provider, or authorized person on the Provider's behalf. An authorized person is one who can sign legal documents on behalf of the Provider. Signatures from billing services or clearinghouses are not accepted.**

Provider or Facility Name:	
Group PTAN/Pay-to Provider Number:	
Group/Pay-to NPI Number:	
Provider Submitter Number:	

Billing Agent or Clearinghouse Name:	
Billing Agent or Clearinghouse Submitter Number:	
Effective Date:	

Select the date you want to begin submitting your claims through the billing agent or clearinghouse. Please be prepared to make your changes on the date you have indicated.

Please note that this Authorization Form applies to 270/271 transactions only. Submitting this form will not affect the provider's set up for claims submission, ERAs, or any other EDI transaction.

By my signature below, I authorize the above named Billing Agent or Clearinghouse to submit or receive electronic data interchange (EDI) transactions on behalf of the above named Provider.

Signature

Printed Name

Title

Date

RETURN TO: EDI-4BCS
PO Box 2181
Little Rock, AR 72203-2181
FedEx or UPS: 601 S. Gaines St. Little Rock, AR 72201
Fax (501) 378-2265
EDI Service Line (866) 582-3247
edi_enrollment@arkbluecross.com