

The information you provide on this **Trading Partner Registration (TPR)** form is used to set up the BCBSRI HIPAA test and production systems for **electronic submissions**. A description of the testing steps is outlined in the *How To Test and Implement in Production* documents available at <u>www.BCBSRI.com</u> and select Employers or Providers, HIPAA, and Documentation. If you have any questions concerning the completion of this form, send an e-mail to <u>hipaa.edi.support@bcbsri.org</u>. Upon receipt of the completed and signed TPR, BCBSRI will provide you with your trading partner logon credentials: user ID, password; and the additional information required to initiate HIPAA partner testing.

In addition, please print out and complete the **Trading Partner Agreement (TPA) form** and email to BCBSRI along with this TPR so that we may set you up to test electronic claims for BCBSRI end-to-end (pre-production) testing. <u>The TPA must be on file with</u> <u>BCBSRI before testing can begin</u>. This document is also available on the BCBSRI HIPAA Documentation Web pages. The TPA is the legal document that ensures you and BCBSRI agree to the HIPAA compliance guidelines for testing and privacy.

Required Trading Partner Information

(Please **PRINT** your responses on this form)

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ailing Address:			
y:		State:	ZIP Code:
ysical Address:			
iy:		State:	ZIP Code:
lephone: _(_)	Fax:()	
mail:			
currently processe subsequent prov	d. Please attach a list of all providers a ider changes must be made in writin	nd their National Provider Id g on your letterhead. BCBS	roviders under this submitter number remain as (NPI) and Tax ID (EIN) numbers. Any SRI will coordinate the submitter and and HIPAA transactions you require below:
Plans:		Dental	
Transactions:	 837P Professional claim 835 Electronic Remittance 276/277 Claims Status Request 	8371Institutional270/271Membership278Pre-Authoriz	
numbers. Any sub			viders, and their NPI as well as Tax id (EIN) ad. BCBSRI will coordinate the submitter and
	are.		
Employer Submitte BCBSRI Employer			Identify the transactions you require below:

I authorize the setup of the transactions noted above.

Signature:

_ Date: _

An original signature is required for this document. The original documents must be on file with BCBSRI prior to the start of HIPAA Partner Testing.

Please email to:	Hipaa.edi.support@bcbsri.org
	Blue Cross & Blue Shield of Rhode Island
	500 Exchange Street
	Providence, RI 02903