



EAC Submissions

5705 Fieldstone Tr. • McHenry, IL 60050
815-578-4122 ph. • 815-385-4022 fax
www.easyambulanceclaims.com

PROVIDER ENROLLMENT FORM FOR:

Minnesota Blue Cross/Blue Shield

INSTRUCTIONS:

- Complete the attached form for ClearConnect and submit by fax or email as indicated on bottom of form.



837 Electronic Claims Transaction

Trading Partner Registration Form

For accurate completion of this form, please see registration instructions found at www.clearconnect.com.

For Registration **UPDATES ONLY**★ (check all that apply)

<input type="checkbox"/> Business Name	<input type="checkbox"/> Connection Method (Direct/Indirect)	<input type="checkbox"/> Connectivity Type
<input type="checkbox"/> Business Address	<input type="checkbox"/> Contracting Provider ID	<input type="checkbox"/> Payer Change
<input type="checkbox"/> Tax ID	<input type="checkbox"/> Clearinghouse or Billing Service	<input type="checkbox"/> Other

Business Information		
Type of Business: (choose one) <input checked="" type="checkbox"/> Provider <input type="checkbox"/> Clearinghouse <input type="checkbox"/> Billing Service <input type="checkbox"/> Software Vendor <input type="checkbox"/> Central Billing Office <input type="checkbox"/> Service Bureau	Business Name (enter name on the line below)	
	Street Address (P.O. Boxes are not accepted)	
	City	State ZIP Code
	Phone	Fax
		Trading Partner ID (if assigned): ★ ID required if making UPDATES National Provider ID (NPI): Please attach separate sheet for multiple NPIs Business Federal Tax ID:

Contact Information		
Primary Contact	Secondary Contact	Connectivity Contact
Name	Name	Name
Phone Fax	Phone Fax	Phone Fax
E-mail	E-mail	E-mail

Check one only: Requesting PC-ACE Connect software - or - Current PC-ACE Connect software user

Connectivity Method (choose either Indirect or Direct)

Indirect - Connecting through a Clearinghouse (CH), Central Billing Office (CBO), Billing Service (BS), or Service Bureau (SB)

EAC Submissions edi@eacsubmissions.com 815-578-4122
Name of CH, CBO, BS, SB E-mail Phone

Direct - Connecting directly to ClearConnect (**A SIGNED AGREEMENT IS REQUIRED, found at www.clearconnect.com**)

Direct Connection Type* (Select one type - Please see 837 Registration Instructions for details on the connection type options)

Internet: Secure Website Internet: SFTP (FTP over SSH)

* Additional Forms may be required when registering. Please see Registration Instructions for forms.

Claim Types/Payers (For each Claim Type you select, please check all Payer(s) that apply, and list Contracting IDs where required)

Professional Claim - 837 P (version 004010X098A1)

<input checked="" type="checkbox"/> Blue Shield MN* list Contracting Provider ID(s): _____	<input type="checkbox"/> MN Medicare Part B list Contracting/Group #(s): _____	<input type="checkbox"/> America's PPO	<input type="checkbox"/> Health Partners	<input type="checkbox"/> Preferred One
		<input type="checkbox"/> DHS/MN Medicaid	<input type="checkbox"/> Metropolitan Health Plan	<input type="checkbox"/> Prime West
		<input type="checkbox"/> Group Health Co-op	<input type="checkbox"/> Other Commercial Payers	<input type="checkbox"/> Ucare

* If you have additional Contracting Provider IDs please attach a separate page

Institutional Claim - 837 I (version 004010X096A1)

<input type="checkbox"/> Blue Cross MN* list Contracting Provider ID(s): _____	<input type="checkbox"/> MN Medicare Part A list Contracting/Group #(s): _____	<input type="checkbox"/> America's PPO	<input type="checkbox"/> Health Partners	<input type="checkbox"/> Preferred One
		<input type="checkbox"/> DHS/MN Medicaid	<input type="checkbox"/> Metropolitan Health Plan	<input type="checkbox"/> Prime West
		<input type="checkbox"/> Group Health Co-op	<input type="checkbox"/> Other Commercial Payers	<input type="checkbox"/> Ucare

* If you have additional Contracting Provider IDs please attach a separate page

Dental Claim - 837 D (version 004010X097A1) DECARE International (Delta Dental of MN) is the only dental payer available.

Send completed Registration Form via Fax: 651-662-7290 or E-mail: register@clearconnect.com, Attention: ClearConnect Registration

For Questions call 1-866-251-6742