BlueCross BlueShield of Louisiana

An independent licensee of the Blue Cross and Blue Shield Association.

Business Associate Profile

The Business Associate Profile must be completed to reflect <u>EACH provider/location</u> that has authorized the Trading Partner to submit and receive BCBSLA electronic transactions.

☐ **Add new Provider Location** **Submitter ID For Existing Submitters** _____

Business Associate Profile			
Print the provider/location name as it appears on <u>each</u> BCBSLA Payment Register. **Provider Name:**	**Print the provider/location's Federal Tax Identification Number.** **Fed Tax ID #**	**Print a COMPLETE list of all NPI numbers** **NPI Number(s) :**	**If the provider identified has authorized the TP to retrieve the ERA files, please circle 835 for each provider to receive these files** **Electronic Remittance Advice**
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Trading Partner Name: _____ Date: _____

Completed by: _____ Phone #: _____

Email Address: _____

Completed forms should be returned to EDI CLEARINGHOUSE SERVICES
FAX : 225-298-2945 **<u>OR</u>** mail to P.O. Box 98029 Baton Rouge, La 70898 :