



This addendum is to evidence in writing the arrangement, which exists between

 ("Trading Partner"), and Louisiana Health Service & Indemnity Co. (d/b/a Blue Cross and Blue Shield of Louisiana) ("Company"). This addendum sets forth the guidelines under which transactions will be accepted by the Company.

Trading Partner agrees to notify Company in writing of any changes in the information contained within the EDI Transaction Addendum. Trading Partner further agrees to provide this information within 30 business days of the change.

Trading Partner Profile (type or print)			Trading Partner National Provider Identifier (NPI)
Organization/Company Name			COMPLETE list of ALL NPIs Numbers assigned to your location for which you plan to exchange transactions.
Address			NPI: _____
City	State	Zip	NPI: _____
Contact Person			NPI: _____
Email Address			NPI: _____
Phone Number			NPI: _____
Fax Number			NPI: _____
Transaction Selection			
Standard Transactions (check all that apply):			
Trading Partner agrees to exchange transactions in the standard format with the Company according to the following selection(s):			
<input type="checkbox"/> Professional Claim (837P)	<input type="checkbox"/> Eligibility/Response (270/271)		
<input type="checkbox"/> Institutional Claim (837I)	<input type="checkbox"/> Claim Status Inquiry/Response (276/277)		
<input type="checkbox"/> Dental Claim (837D)	<input type="checkbox"/> Request for Review/Response (278)		
<input type="checkbox"/> Soap + WSDL (270/271)			
Note: ERA (835) enrollments will only be processed by completing the ERA Enrollment Form found at www.bcbsla.com/providers > Electronic Services > Clearinghouse Services.			
Communication Protocol:			
<input type="checkbox"/> Secure FTP/FTP/s- Batch Submission available for all transactions including 270/271, 276/277 and 278			
<input type="checkbox"/> Https/Web-Real Time available only for 270/271 and 276/277 transactions			
<input type="checkbox"/> HTTP/Mime Multi-Part-Real Time available only for 270-271 transactions			
Trading Partner (completed by): _____			Date: _____
Phone: _____			Software Vendor Name: _____