



EDI Registration Form

Please Fax or E-mail Completed Forms to:

Fax: (818) 234-9966

EDI.BCCEnrollment@Wellpoint.com

UniCare

ATTN: EDI Solutions CAAC07-077B

PO Box 4173, Woodland Hills, CA 91365-4173

EDI Technical Support: (877) 210-4083

Incomplete enrollment packages will be returned unprocessed

Type of Request: New Submitter Change Data Specify change: _____

Submitter Type: Physician/Provider Hospital Clearinghouse Billing Service

Trading Partner Information:

Trading Partner Name _____

Address (include suite) _____

City _____ State _____ Zip _____

Contact Name _____ Phone () _____

E-Mail Address _____ Fax () _____

NPI _____ Tax _____ Medicare ID _____

*NPI Numbers must be registered at
<https://npi.wellpoint.com/npi/online/onlinesubmit.jsp>

Vendor Information: *Please indicate the individual who is responsible for the development/maintenance of your EDI software:

In House Development

 Technical Contact: _____ Phone () _____

Software/System Vendor

 Vendor Name _____ Version _____

 Address _____

 City _____ State _____ Zip _____

 Contact Name _____ Phone () _____

 E-Mail Address _____ Fax () _____

Data Transmission Method: Z Modem FTP via PGP MQ (270/276 only) HTTPS (270/276 only)

Submitter Information:

Add to Existing Assign New Billing Service

Clearinghouse Name _____

Submitter Name _____

Address (include suite) _____

City _____ State _____ Zip _____

Contact Name _____ Phone () _____

Submitter ID _____ Email _____

Select HIPAA Transaction(s):

837 P Claim (Professional) 835 Payment Advice/Remit (*Please complete the ERA/EFT enrollment forms.*)

837 I Claim (Institutional) 270/271 Eligibility

837 D Claim (Dental) 276/277 Claim Status