



Questions? Please contact your EDI Support Vendor for help with EDI enrollment forms  
08/15/2023 (FE)  
<http://www.ask-edi.com/forms.htm>

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## BCBS - KANSAS (47163), KANSAS CITY(47171)

ASK, Inc

### Enrollment Instructions - ERA ONLY

- ✓ BEFORE enrolling, you MUST have a Practice Insight EDI customer account # with billing provider record(s) added. Please contact your EDI Support Vendor to confirm your EDI setup.

SUBMIT ONLINE ERA Enrollment Form. See instructions below.  
For assistance in completing online form, call ASK EDI at 1-800-472-6481.

### ERAs (835) NEW or CHANGE OF SERVICE

#### EDI Enrollment Form Application for BCBS Kansas Electronic Remits (Online Form)

GO TO <https://www.ask-edi.com/forms> (to access online forms).

CLICK **Electronic Remittance (ERA) Form**

CLICK TO OPEN **"Blue Cross and Blue Shield of Kansas (BCBSKS)"**

-Or- CLICK TO OPEN **"Blue Cross and Blue Shield of Kansas City (BCBSKC)"**

SEE [ **Provider Information** ] ENTER **Billing Provider Group Name**

SEE [ **Provider Address** ] ENTER **Billing Provider Group Address**

SEE [ **Provider Identifiers Information** ]

ENTER **Billing Provider Group TIN or Employer EIN #**

ENTER **Billing Provider Group NPI #**

SEE [ **Other Identifiers** ] KEEP **"ASK"** as Assigning Authority

SEE [ **Trading Partner ID** ] ENTER **0006104** (Practice Insight's Trading Partner ID)

SEE [ **Provider Contact Information** ] ENTER **Contact information at the Provider's Office.**

SEE [ **Electronic Remittance Advice Information** ] Preference for Aggregation of Remittance Data

*Tax ID & NPI will automatically populate from the Provider Identifiers Information Section.*

**Note:** Remittance Advice will be returned based on Billing NPI.

SEE [ **Electronic Remittance Advice Vendor Information** ]

ENTER Vendor Name – Practice Insight

ENTER Vendor Contact Name - Enrollment

ENTER Vendor Phone – 713-333-6000

ENTER Vendor Email – [pi-enrollment@waystar.com](mailto:pi-enrollment@waystar.com)

SEE [ **Submission Information** ] SELECT **New Enrollment** -Or- **Change Enrollment**

SEE [ **Authorized Signature** ] ENTER **Name and Title for Person Submitting Enrollment.**

CLICK [ **SUBMIT** ]

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### ALLOW 1-2 WEEKS FOR PROCESSING

*If you do not receive confirmation of EDI setup within 10 business days, contact your Practice Insight Support Vendor for assistance.*

*You may also contact the payer directly, by phoning the ASK EDI Help Desk at 1-800-472-6481 or by sending an email inquiry to [askedi@ask-edi.com](mailto:askedi@ask-edi.com).*