
**Triple S – BCBS Puerto Rico (PR973)
Enrollment Instructions – Professional Claims and ERA**

- ✓ **BEFORE enrolling, you MUST have a Practice Insight EDI customer account # with billing Provider record added.** Please contact your EDI solutions reseller to confirm your EDI account setup.

Mail completed forms with BLUE INK original signatures to:
Waystar Enrollment Department
P.O. Box 969
Louisville, KY 40201-0969

CLAIMS (837) and ERAs (835) NEW or CHANGE OF SERVICE**Electronic Transactions Transmission Participating Provider Registry (2 pages)****Page 1 -Top of form**

Add the Billing Provider's Organization information to include-
Billing Provider's NPI #, Name, Address, Telephone and Contact Person.

Optional for ERAs **KEEP** ✓ next to Clearinghouse under...

"Where will you like to receive your electronic explanation of payment from Triple S?:"
(To receive ERAs- using Practice Insight as the clearinghouse receiver.)

Page 1 - Bottom of form

Date and Signature in **BLUE** ink required by Provider.

Page 2 - Bottom of form -

Signature Required must be **BLUE** ink Provider's signature or someone authorized from Provider's office must sign. Be sure to include, Date, Title and Provider's NPI #.

ALLOW 2-4 WEEKS FOR PROCESSING

*If you do not begin receive confirmation within 20 days after this request has been submitted, contact your support vendor for assistance.
Practice Insight Resellers or Support Vendors may contact
Practice Insight Enrollment Department direct to check on status of enrollment.*



ELECTRONIC TRANSACTIONS TRANSMISSION PARTICIPATING PROVIDER REGISTRY

NPI:

Participating Provider's Name:

Office Address:

Telephone (specific OFI/FAX/Other):

Billing Contact:

Will a third party billing company handle your Electronic Claims?

Yes Company Name: _____ Phone Number: _____
 No

Billing Software (select 1 per office or write): _____

- | | | | |
|--|---|---|-------------------------------------|
| <input type="checkbox"/> AirisPro/Medi2000 | <input type="checkbox"/> InstantMed | <input type="checkbox"/> Medical Clinics/Practice | <input type="checkbox"/> SAIL |
| <input type="checkbox"/> Best2000 | <input type="checkbox"/> LabSoft | <input type="checkbox"/> MedicMax | <input type="checkbox"/> SimpelSoft |
| <input type="checkbox"/> DentalMax | <input type="checkbox"/> LAMARS | <input type="checkbox"/> Meditrack | <input type="checkbox"/> TekPro |
| <input type="checkbox"/> DentOne | <input type="checkbox"/> MCPC | <input type="checkbox"/> Med One | <input type="checkbox"/> TRA |
| <input type="checkbox"/> IMClaim | <input type="checkbox"/> MedCenter | <input type="checkbox"/> Med One Express | <input type="checkbox"/> TurboMed |
| <input type="checkbox"/> Infomedika | <input type="checkbox"/> Medical Biller | <input type="checkbox"/> OffiMed | <input type="checkbox"/> VisualMass |

Specify transmit Method:

Clearinghouse: _____ Other _____

Will this be the only medium to transmit to Triple-S?: Yes No
If NO, please indicate the office which this form applies to:

Where will you like to receive your electronic explanation of payment from Triple-S?:

Clearinghouse: _____ Other _____

_____ Date

_____ Participating Provider's Signature



ITEMS RELATED TO ELECTRONIC BILLING USING HIPAA STANDARD FORMATS

Once you start billing in the 837 format you will receive the Explanation of Payment (Remittance Advise) the 835 HIPAA Standard Format. Your billing software must be able to interpret the content of this file. To be able to assist you in a timely manner it is imperative that you verify the responses and file you receive from us.

If you are transiting your claims thru a Clearinghouse, the Acknowledgment Report for those claims you sent us is delivered to your Clearinghouse that forwarded your claims to us. Triple-S will validate every claim received before 3:00PM AST. Triple-S will transmit back to the clearinghouse the acknowledgment report and the 997 standard transaction at the moment the 837 file is received. The 997 transaction only includes HIPAA errors, the Acknowledgement Report includes HIPAA and Business edit errors. The Triple-S Acuse de Recibo that acknowledges receipt of the claims by the payer will be mailed weekly to the address in the Triple-S' files. If you do not receive the Acuse de Recibo, Triple-S has not received your claims. Please contact your billing representative as soon as possible to identify any situation.

The **Acuse de Recibo** is divided in two sections. The first section includes all services that where dimmed not processable by the payer. These services must be corrected and retransmitted to Triple-S. The second part of the report lists all the claims received by Triple-S. These claims should match those you transmitted during the previous week.

I Certify that I have read and understand the above mentioned statement:

Name of Person In-charge:	Signature:	Provider's Name
_____	_____	_____
Title:	Date:	Provider's NPI
_____	_____	_____

Please complete all the requested information in block letters, sign the document using blue ink and send the original form to: Interactive Systems Inc., Departamento SES Profesional, PO Box 363628, San Juan, PR 00936-3628