

Trading Partner Application

AN INDIVIDUAL FORM MUST BE COMPLETED FOR EACH TRADING PARTNER TYPE YOU ARE REQUESTING A TRADING PARTNER AND LOGIN NUMBER FOR.

Trading Partner Name: _____

Main Address:

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Tax ID: _____

Email Address: _____

Transmission Mode: Dial-up/Asynchronous Internet/FTP

Trading Partner Type: Billing Service Clearinghouse – Facility Clearinghouse – Professional
Software Vendor Institutional Provider (Facility) Professional Provider

Trading Partner ID: (MSBCBS will assign) _____

Login: (MSBCBS will assign) _____

FTP Password: (MSBCBS will assign if appropriate) _____

Mailing Address: (Only complete if different than main address)

Address: _____

City: _____ State: _____ Zip: _____

Contact 1:

Name: _____ Title: _____

Phone: _____ Fax: _____

Email Address: _____

Contact 2:

Name: _____ Title: _____

Phone: _____ Fax: _____

Email Address: _____

CHALLENGE QUESTION (ANSWER ONLY ONE):

Birth City: _____ Favorite Color: _____

Last 4 digits Social Security #: _____ Mother's Maiden Name: _____

HIPAA Transactions:

☐ 270/271 ☐ 276/277 ☐ 278 ☐ 837I/277U (4010) ☐ 837I/277CA (5010)
☐ 820 ☐ 834 ☐ 835 ☐ 837P/277U (4010) ☐ 837P/277CA (5010)

Software Vendor Information:

Name of Software: _____ Vendor Name: _____

Contact Name: _____ Contact Telephone #: _____

Contact Email address: _____

☐ Please check if you do your own EDI Software programming

Additional Instructions:

NOTE: Please follow this link to Highmark Health Insurance Company's (HHIC) website <https://www.highmark.com/edi-hhic/index.shtml> to enroll for HHIC FreedomBlue Medicare Advantage and MA PPO electronic submissions, NAIC code 71768.

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