



Create & Submit Claims Submitter Number Registration for Wellmark Professional Claims

Create & Submit Registration Instructions

In order to submit Professional (CMS 1500) Wellmark claims using the Create & Submit Claims BlueConnection® application, you must have a submitter number assigned to you and have BlueConnection® security access. Even if you currently submit claims electronically to Wellmark using another method, you will need to receive another submitter number to use specifically with the Create & Submit Claims tool. If you would like to use the Create & Submit Claims tool, please complete and return this form with your application. Use of this tool is free to providers contracting with Wellmark.

The registration form may be used to request a submitter number for submitting electronic claims using Create & Submit or to add a provider to an existing Create & Submit submitter number.

This registration form is applicable for Wellmark Professional Claims Only.

Getting started and *do not* have access to BlueConnection® tools

- Begin by selecting **Register Now!** under the BlueConnection® tools at www.wellmark.com.
- Download the Web Based Applications Access Agreement for your appropriate state.
- Complete the upper portion on the first page of the Web Based Applications Access Agreement online using our interactive Adobe Acrobat.
- Print **TWO** copies of the Web Based Applications Access Agreement, sign both copies on page three and mail to the address listed below:

Wellmark Blue Cross and Blue Shield
PO Box 14509
Des Moines, IA 50306-3509

- Once you have completed the form, go back to Terms and Conditions at the web page to complete the Provider Online Registration.
- Upon completion of Terms and Conditions, complete the attached form to gain access to Create & Submit.
- When access has been granted you will receive a Secured Email message from Wellmark.

Getting Started if your office currently has access to BlueConnection® tools

- Complete the attached form to gain access to Create & Submit.

Tips to Create & Submit Claims Submitter Number Registration Form

- Your Submitter ID is driven by the Tax Identification Number of your practice. If you would like to confirm the provider NPI's that will be tied to your submitter number, please contact EC Solutions 1-800-407-0267.
- If you would like to submit claims on behalf of all providers in your practice and you do not have a group NPI, you need to include all provider NPI's on the registration form that you're wanting to submit claims for.
- If you have a Group NPI when you submit claims, you will need to provide your Group NPI even though the individual provider NPI appears.

For Online Training on Create & Submit Claims please visit our website by the following URL:

<http://www.wellmark.com/Provider/CommunicationAndResources/EducationTraining/TrainingDocs/CreateSubmitClaimsWebToolTraining.pdf>

Questions? Call EC Solutions toll free at 800-407-0267

Wellmark Blue Cross and Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association.

CREATE & SUBMIT REGISTRATION

****A VALID PROVIDER NPI FOR WELLMARK IS REQUIRED TO REGISTER****

Submitter Name _____

Contact _____ Title _____

Phone (_____) _____ Fax (_____) _____

Submitter Mailing Address 1 _____

Submitter Mailing Address 2 _____

City _____ State _____ Zip Code _____

County _____ Email Address _____

SIGNATURE AND AUDIT AGREEMENT

In submitting electronic claims, WE (I) understand that WE ARE (I AM) certifying that the required patients signatures, or, where applicable, appropriate signatures on behalf of the patient, and required physician certifications and re-certifications (PSRO certifications where applicable) are on file and that anyone who misrepresents or falsifies essential claims information, may, upon conviction be subject to fine and imprisonment under Federal law.

In the event that payment information is returned in electronic form, WE (I) understand that this information will cover all claims paid to this provider number whether they were submitted on paper or in electronic form.

Signature _____

If Solo Practice, Provider Name _____

If Solo Practice Provider NPI _____

Tax ID # _____

Assigned Group Provider Name for the above Tax ID _____

Assigned Group NPI for the above Tax ID _____

Date ____/____/____

Fax, Mail or Email to EC Solutions Registration Department
Fax 800-691-1038
PO Box 9232, Mail Station 4C103, Des Moines, Iowa 50306-9232
wellmarkecsolutionsregistration@hpe.com