
WEST VIRGINIA BCBS EDI CONTRACT INSTRUCTIONS

Please carefully read all instructions here before beginning. The documents in this top section must be completed on-line and sent directly to MD On-Line by clicking the “SEND” button, located in the top right corner of each document.

1. **Claims Registration Authorization Form:** Complete this page with information regarding the provider/supplier you are billing for. NOTE: This form only needs to be completed once per tax ID. If you are enrolling for EDI with more than 1 payer, you only need to complete this form once. Complete the form on-line, and then click the “SUBMIT FORM” button to send to us. Please note that if this form is completed and returned to MD On-Line within 30 days after your office has signed up with MD On-Line, any claims set up fees will be waived . You can obtain the form by clicking [HERE](#)
2. **Contract Set Up Form:** Complete this page and return with your contract to MD On-Line. You can obtain the form by clicking [HERE](#)
3. If you are enrolling for ERAs as well as claims, complete this additional document:

ERA Registration Authorization Form: Complete this page with information regarding the providers/supplier you are billing for. Click the EMAIL link to send the completed form to us. Please note that if this form is completed and returned to MD On-Line within 30 days after your office has signed up with MD On-Line, any ERA set up fees will be waived. You can obtain the form by clicking [HERE](#)

Be sure to complete ALL sections of each document. Failure to do so will result in forms being rejected and returned to you, delaying your approval to send claims electronically.

This WV BCBS EDI contract consists of 1 page. Note that MD On-Line specific information is pre-filled for you.

Page 1: **UPDATE AND EXISTING TRAINING PARTNER**
Complete information for provider where indicated.

WHEN FORM IS COMPLETE COMPLETE:

1. Finish by clicking on the “SUBMIT” button in the top right corner of the page to send to MD On-Line.

NOTE: Original forms must be sent to MD On-Line. Do not fax forms or submit directly to the carrier – mail to MD On-Line only.

Have questions, or need assistance?
Contact the MD On-Line Enrollment Department at setup@mdon-line.com



UPDATE AN EXISTING TRADING PARTNER

This form can be used by Trading Partners and providers to update Trading Partner Profile information

Group/Pay to NPI _____

Provider Name _____

Trading Partner Name Medical Claim Corp

Trading Partner Number/Login: 1000771 / S110402

Requester Name _____

Requester Telephone Number _____ Fax _____

Add/Delete Transactions:

Add:

270/271

835

837I

837P

Delete:

270/271

835

837I

837P

Add/Delete Provider:

Add

Delete

Other Instructions: _____

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Hours of Operation: Monday through Friday, 8:00 am to 4:00 pm