

## ENROLLMENT FORM REQUEST

Some insurance companies require enrollment forms before accepting electronic claims from your office. If these forms are not completed, all claims submitted electronically to these companies will be rejected. RSS is happy to provide these forms for your office. To request enrollment forms, simply complete this request form and return to RSS via mail or fax.

### YOUR INFORMATION

Office Name/Doctor's Name: \_\_\_\_\_

TIN/NPI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

To request enrollment forms, please **place an "X"** to the left of the insurance companies listed below.

<input type="checkbox"/>	Alabama Blue Cross Blue Shield	<input type="checkbox"/>	Iowa BCBS (CBIA1 and CBIA2)	<input type="checkbox"/>	Oklahoma Medicaid
<input type="checkbox"/>	Alabama Medicaid	<input type="checkbox"/>	Iowa Medicaid	<input type="checkbox"/>	Oregon BCBS (Regence)
<input type="checkbox"/>	Arkansas BCBS – see United Concordia	<input type="checkbox"/>	John Deere	<input type="checkbox"/>	Pennsylvania Medicaid
<input checked="" type="checkbox"/>	Arkansas Medicaid	<input type="checkbox"/>	Kansas Blue Cross Blue Shield	<input type="checkbox"/>	Rhode Island Blue Cross Blue Shield
<input type="checkbox"/>	Blue Shield NE New York (00800)	<input type="checkbox"/>	Kansas Medicaid	<input type="checkbox"/>	South Carolina Medicaid
<input type="checkbox"/>	BCBS Western New York (00301)	<input type="checkbox"/>	Louisiana BCBS	<input checked="" type="checkbox"/>	Tennessee Blue Cross Blue Shield
<input type="checkbox"/>	Connecticut Medicaid	<input type="checkbox"/>	Louisiana Medicaid (Adult and EPSDT)	<input checked="" type="checkbox"/>	Texas Medicaid
<input checked="" type="checkbox"/>	Caresource <sup>1</sup>	<input type="checkbox"/>	Medical Mutual of Ohio	<input type="checkbox"/>	United Concordia <sup>2</sup>
<input type="checkbox"/>	Colorado Medicaid	<input type="checkbox"/>	Massachusetts BCBS	<input type="checkbox"/>	Washington Medicaid
<input type="checkbox"/>	Delaware Medicaid	<input type="checkbox"/>	Michigan Medicaid	<input type="checkbox"/>	West Virginia Medicaid
<input type="checkbox"/>	Delta Dental of PA	<input type="checkbox"/>	Minnesota Medicaid	<input type="checkbox"/>	Wisconsin Blue Cross Blue Shield
<input type="checkbox"/>	Dental (California Medicaid)	<input type="checkbox"/>	Montana Medicaid	<input type="checkbox"/>	Wisconsin Medicaid
<input type="checkbox"/>	Florida Medicaid	<input type="checkbox"/>	Nebraska Medicaid	<input type="checkbox"/>	Wyoming Medicaid
<input type="checkbox"/>	Georgia BCBS	<input type="checkbox"/>	New Jersey BCBS (Horizon Healthcare)	<input type="checkbox"/>	
<input type="checkbox"/>	Health NOW (55204)	<input type="checkbox"/>	New Jersey Medicaid	<input type="checkbox"/>	
<input type="checkbox"/>	Idaho Blue Cross	<input type="checkbox"/>	New Mexico Medicaid	<input type="checkbox"/>	
<input type="checkbox"/>	Idaho Blue Shield	<input type="checkbox"/>	New York Medicaid	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Idaho Medicaid	<input type="checkbox"/>	North Carolina Medicaid	<input type="checkbox"/>	
<input type="checkbox"/>	Indiana Medicaid	<input type="checkbox"/>	Ohio Medicaid	<input type="checkbox"/>	

\*Claims rejected electronically will be mailed by RSS at no additional cost to you.

<sup>1</sup>Caresource – Please call (800) 488-0134 for enrollment form.

<sup>2</sup> United Concordia – Tesia is clearinghouse. For enrollment call (800) 633-5430.

**Please return to Renaissance Systems and Services, LLC:**

Mail: PO Box 17250, Indianapolis, IN 46217

Fax: (317) 789-1918

For questions, please call (866) 712-9584 or speak live with an RSS representative at [www.RSS-LLC.com](http://www.RSS-LLC.com).