

# ENROLLMENT FORM REQUEST



Some insurance companies require enrollment before accepting electronic claims from your office. Some enrollment we can take care of for you others you have to complete enrollment forms. Please complete the information below and return via mail or fax.

Office Name		Tax ID Number	
Office Phone :		NPI Number	

NPI Group Information/Other Associates		
Group NPI Number (If set up as a Group otherwise leave blank):		
Dr Name (first and last)	License Number	Individual NPI #
1:		
2:		
3:		
4:		

**Place an "X" to the left of the insurance company listed if you submit claims to that company:**

<input type="checkbox"/>	Alabama Blue Cross Blue Shield	Itasca	Pennsylvania Medicaid
<input type="checkbox"/>	Alabama Medicaid	John Deere	Rhode Island BCBS
<input type="checkbox"/>	Arkansas Medicaid	Kansas Blue Cross Blue Shield	South Carolina Medicaid
<input type="checkbox"/>	Blue Shield NE New York (00800)	Kansas Medicaid	SummaCare
<input type="checkbox"/>	BCBS Western New York (00301)	Louisiana BCBS	Texas Medicaid (CHIPS only)
<input type="checkbox"/>	Caresource: Please call (800)488-0134 for enrollment form	Louisiana Medicaid (Adult and EPSDT)	Tennessee BCBS
<input type="checkbox"/>	Colorado Medicaid	Massachusetts BCBS	Utah BCBS
<input type="checkbox"/>	Delaware Medicaid	Michigan Medicaid	Washington Medicaid
<input type="checkbox"/>	Dental (California Medicaid)	Minnesota Medicaid	West Virginia Medicaid
<input type="checkbox"/>	Deseret Mutual Benefit Admin	Montana Medicaid	Wyoming Medicaid
<input type="checkbox"/>	Florida Medicaid	Nebraska Medicaid	
<input type="checkbox"/>	Georgia BCBS	New Jersey BCBS (Horizon Healthcare)	
<input type="checkbox"/>	Georgia Medicaid	New Jersey Medicaid	
<input type="checkbox"/>	Health NOW (55204)	New Mexico Medicaid	United Concordia (UCCI): Please provide us with your: Provider ID: _____ Group ID: _____ Contact UCCI at: (800) 633-5430 to inform them Tesia is the clearinghouse to set up EDI claims.
<input type="checkbox"/>	Idaho Blue Cross	New York Medicaid	
<input type="checkbox"/>	Idaho Blue Shield	North Carolina Medicaid	
<input type="checkbox"/>	Idaho Medicaid	North Dakota BCBS	
<input type="checkbox"/>	Iowa BCBS (CBIA1 and CBIA2)	Ohio Medicaid	
<input type="checkbox"/>	Iowa Medicaid	Oklahoma Medicaid	
<input type="checkbox"/>			

**Return this form to Renaissance Systems & Services, LLC**

**Mail: PO Box 17250, Indianapolis, IN 46217**

**Fax: (317)789-1985**

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

Please fax RSS (317)789-1985 a copy of any enrollment form that you fax to an insurance company. This will enable us to expedite your enrollment process.