



Wellmark Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association.

REGISTRATION INSTRUCTIONS

This registration form may be used to request a submitter number for submitting electronic membership/enrollment transactions using Interchange Network (INet) access.

- **Interchange Network (INet) Access**

To begin the process of submitting electronic membership/enrollment to Wellmark using INet via the internet, please complete the ANSI ASC X12 834 Electronic Transactions Registration Form and return to EC Solutions at 1-800-407-0267 to discuss other submission options.

Once the registration form is completed:

- Fax the completed registration form to the EC Registration Department at **800-691-1038**.
- Or email the form to - wellmarkecsolutionsregistration@hp.com
- Or mail to -

EC Solutions
PO Box 9232 Mail Station 4W278
Des Moines, IA 50306-9232

- The registration process takes approximately one week to complete from the time the registration form is received by EC Registration Department.
- A testing submitter ID will be enabled and a security letter containing submitter ID, INet ID and INet Password Security will be mailed to the address listed on the registration form under "Submitter Address".
- After testing has been successfully completed, a production submitter ID will be enabled and a security letter containing submitter ID, INet ID and INet Password Security will be mailed to the address listed on the registration form under "Group/Employer Information" for submitting production transactions.

- **SUBMITTER:** refers to the party that will be sending the transactions electronically to INet.
- **HR/PAYROLL VENDOR:** refers to the company that supports your electronic transaction submission software. If you design your own software, you are the vendor.
- **INet:** refers to Interchange Network access. INet is used to receive electronic transactions from submitters and route them accordingly.

Questions? Call toll free at 1-800-407-0267

ANSI ASC X12 834 Electronic Transaction Registration Form

Electronic Commerce Solutions Registration for Employer Groups

PO Box 9232 Mail Station 4W278 Des Moines, IA 50306-9232
Phone: 800-407-0267 Fax: 800-691-1038

Group/Employer Information

Group/Employer Name: _____ Tax ID# _____
Contact: _____ 2nd Contact: _____
Phone: (____) _____ Fax: (____) _____
Address 1: _____
Address 2: _____
City: _____ State: _____ ZIP Code: _____
Email Address: _____

HR/Payroll Vendor

Vendor Name: _____
Address 1: _____
Address 2: _____
City: _____
State: _____ ZIP Code: _____
Phone: (____) _____

Do you use a Third-Party Entity for submission of your 834 electronic transactions? Yes No
Do you use a Clearinghouse for submission of your 834 electronic transactions? Yes No

For information on communications software to submit ANSI ASC X12 834 electronic transactions please contact EC Solutions at 800-407-0267.

Please sign the registration form. The authorized signature (located at the bottom of the form) must be from the Group Administrator authorized to sign on behalf of the Group/Company.

Authorized Signature/Date (**REQUIRED**): _____ Date: ____/____/____