



The Business Associate Profile (BAP) form must be completed to reflect each provider/location that has authorized the Trading Partner to submit and receive Blue Cross and Blue Shield of Louisiana electronic transactions.

- Add new provider location Submitter ID for existing submitters: _____
- Note: This BAP form is for all electronic submissions with the exception of ERA (835) enrollment. ERA (835) enrollments will only be processed by completing the ERA Enrollment Form found at www.bcbsla.com/providers > Electronic Services > Clearinghouse Services.

Provider Name*	Provider Tax ID Number	NPI Number

*Print the provider name as it appears on each Blue Cross and Blue Shield of Louisiana Payment Register.

_____ Provider/Clinic/Location Name	_____ Date	_____ Completed By
_____ Phone Number	_____ Email Address	

- Please allow 3-5 business days for setup.
- Provider's NPI must already be registered with Blue Cross and Blue Shield of Louisiana. You may contact Provider Credentialing & Data Management at 1-800-716-2299, option 2 to report an NPI.

Completed forms can be faxed to (225) 298-2945 or emailed to EDIServices@bcbsla.com. For questions regarding this form, please contact EDI Services at 1-800-716-2299, option 3.