



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](http://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 and Data Management at 1-800-716-2299, option 3 to report an NPI.

Completed forms can be faxed to (225) 298-2945 or emailed to [EDIServices@bcbsla.com](mailto:EDIServices@bcbsla.com). For questions regarding this form, please contact EDI Services at 1-800-216-2583.