



**TO:** THIN *The Health Information Network 300 East Randolph Street Chicago Illinois 60601*

**DATE:**

**RE:** Assignment of New Account

BILLING SERVICE NAME: \_\_\_\_\_

BILLING SERVICE SUBMITTER ID: \_\_\_\_\_

BILLING SERVICE (THIN) SUBSCRIPTION LEVEL: \_\_\_\_\_

**This is to inform you that the provider listed below has contract with us to provide billing services. Please add them to our existing THIN, Inc. of Illinois account.**

PROVIDER/GROUP NAME: \_\_\_\_\_

PROVIDER TAX #: \_\_\_\_\_

MEDICARE#: \_\_\_\_\_

BLUE SHIELD #: \_\_\_\_\_

IDPA #: \_\_\_\_\_

S.S. #: \_\_\_\_\_

**\*\*This form should be returned with a completed Electronic Trading Partner Agreement (ETPA) and Rider 1-Agent\*\***

THIN, Inc., a Subsidiary of Health Care Service Corporation, a Mutual Legal Reserve Company, An Independent License of the Blue Cross Blue Shield Association d.b.a. Blue Cross Blue Shield of Illinois.