



## THIN - The Health Information Network Billing Service Information Form

### Information about Your Business

Business Name (as you want it to appear on our records)

\_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name of contact person in your office: \_\_\_\_\_

Office Telephone Number: \_\_\_\_\_ Office Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Internet Address: \_\_\_\_\_

Submitter ID: \_\_\_\_\_

### Information about Your Software Vendor

Vendor Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name of your vendor contact person: \_\_\_\_\_

Vendor Telephone Number: \_\_\_\_\_

### Information about Your Clearinghouse

Clearinghouse Name: \_\_\_\_\_

Clearinghouse contact person: \_\_\_\_\_

Clearinghouse Telephone Number: \_\_\_\_\_

### Information about Your Client(s)/Market

Please indicate the total number of client(s): \_\_\_\_\_

Do you engage in at least one electronic transaction: \_\_\_\_\_

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Revised 03/03



**Information about the Services You Utilize with THIN**

Please identify all the lines of business and the types of electronic transactions available to you:

- |   |  |
|---|--|
| <p><input type="checkbox"/> <b>Blue Cross</b><br/>currently    future</p> <p><input type="checkbox"/>    <input type="checkbox"/> <b>Electronic Claims</b></p> <p><input type="checkbox"/>    <input type="checkbox"/> <b>Electronic Remittance Advice</b></p> <p><input type="checkbox"/>    <input type="checkbox"/> <b>Health Care Eligibility/Benefit Inquiry &amp; Information Response</b></p> <p><input type="checkbox"/>    <input type="checkbox"/> <b>Health Care Claim Status Request &amp; Response</b></p>   | <p><input type="checkbox"/> <b>Blue Shield</b><br/>currently    future</p> <p><input type="checkbox"/>    <input type="checkbox"/> <b>Electronic Claims</b></p> <p><input type="checkbox"/>    <input type="checkbox"/> <b>Electronic Remittance Advice</b></p> <p><input type="checkbox"/>    <input type="checkbox"/> <b>Electronic Referrals (future)</b></p> <p><input type="checkbox"/>    <input type="checkbox"/> <b>Electronic Pre-Certification (future)</b></p> <p><input type="checkbox"/>    <input type="checkbox"/> <b>Health Care Eligibility/Benefit Inquiry &amp; Information Response</b></p> <p><input type="checkbox"/>    <input type="checkbox"/> <b>Health Care Claim Status Request &amp; Response</b></p> |
| <p><input type="checkbox"/> <b>Illinois Department of Public Aid (Professional)</b><br/>currently    future</p> <p><input type="checkbox"/>    <input type="checkbox"/> <b>Electronic Claims</b></p> <p><input type="checkbox"/>    <input type="checkbox"/> <b>Electronic Remittance Advice (future)</b></p> <p><input type="checkbox"/>    <input type="checkbox"/> <b>Health Care Eligibility/Benefit Inquiry &amp; Information Response</b></p> <p><input type="checkbox"/>    <input type="checkbox"/> <b>Health Care Claim Status Request &amp; Response</b></p>  | <p><input type="checkbox"/> <b>Commercial (Professional)</b><br/>currently    future</p> <p><input type="checkbox"/>    <input type="checkbox"/> <b>Electronic Claims</b></p> <p><input type="checkbox"/>    <input type="checkbox"/> <b>Health Care Eligibility/Benefit Inquiry &amp; Information Response</b></p> <p><input type="checkbox"/>    <input type="checkbox"/> <b>Health Care Claim Status Request &amp; Response</b></p>   |
| <p><input type="checkbox"/> <b>Illinois Department of Public Aid (Institutional)</b><br/>currently    future</p> <p><input type="checkbox"/>    <input type="checkbox"/> <b>Electronic Claims</b></p> <p><input type="checkbox"/>    <input type="checkbox"/> <b>Electronic Remittance Advice (future)</b></p> <p><input type="checkbox"/>    <input type="checkbox"/> <b>Health Care Eligibility/Benefit Inquiry &amp; Information Response</b></p> <p><input type="checkbox"/>    <input type="checkbox"/> <b>Health Care Claim Status Request &amp; Response</b></p> | <p><input type="checkbox"/> <b>Commercial (Institutional)</b><br/>currently    future</p> <p><input type="checkbox"/>    <input type="checkbox"/> <b>Electronic Claims</b></p> <p><input type="checkbox"/>    <input type="checkbox"/> <b>Health Care Eligibility/Benefit Inquiry &amp; Information Response</b></p> <p><input type="checkbox"/>    <input type="checkbox"/> <b>Health Care Claim Status Request &amp; Response</b></p>  |
| <p><input type="checkbox"/> <b>Medicare Part A</b><br/>currently    future</p> <p><input type="checkbox"/>    <input type="checkbox"/> <b>Electronic Claims</b></p> <p><input type="checkbox"/>    <input type="checkbox"/> <b>Electronic Remittance Advice</b></p> <p><input type="checkbox"/>    <input type="checkbox"/> <b>Health Care Eligibility/Benefit Inquiry &amp; Information Response</b></p> <p><input type="checkbox"/>    <input type="checkbox"/> <b>Health Care Claim Status Request &amp; Response</b></p>  | <p><input type="checkbox"/> <b>Medicare Part B</b><br/>currently    future</p> <p><input type="checkbox"/>    <input type="checkbox"/> <b>Electronic Claims</b></p> <p><input type="checkbox"/>    <input type="checkbox"/> <b>Electronic Remittance Advice</b></p> <p><input type="checkbox"/>    <input type="checkbox"/> <b>Health Care Eligibility/Benefit Inquiry &amp; Information Response</b></p> <p><input type="checkbox"/>    <input type="checkbox"/> <b>Health Care Claim Status Request &amp; Response</b></p>   |

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