



The Health Information Network (THIN) Vendor 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: _____ Web Site Address: _____

Information about the Transaction(s) Your Product Supports

Please identify all the lines of business and the types of electronic transactions your practice management system supports with HCSC/THIN:

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

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



Medicare Part A

currently future

- Electronic Claims
- Electronic Remittance Advice
- Health Care Eligibility/Benefit Inquiry & Information Response
- Health Care Claim Status Request & Response

Medicare Part B

currently future

- Electronic Claims
- Electronic Remittance Advice
- Health Care Eligibility/Benefit Inquiry & Information Response
- Health Care Claim Status Request & Response

Technical Information About Your Product

Operating System: _____

Recommended line speed of modem: _____

Method of transmission (please check one):

- rEDI-Link Blue (bulletin board system)
- Mainframe
- Other _____

Submission/Retrieval format:

Claims:

HIPAA Compliant National Standard Format (NSF) - Professional version: T3.01

ANSI X12N 837 Institutional version: 4010 (004010X96) 4010A (004010X096A1)

ANSI X12N 837 - Dental version: 4010 (004010X97) 4010A (004010X097A1)

ANSI X12N 837 - Professional version: 4010 (004010X98) 4010A (004010X098A1)

Remittance:

ANSI X12N 835 - Institutional version: 4010 (004010X91) 4010A (004010X091A1)

ANSI X12N 835 - Professional version: 4010 (004010X91) 4010A (004010X091A1)

Information about Your Client(s)/Market

Please indicate the total number of client(s): _____

Please provide a client listing with provider name, tax identification number

How many client(s) engage in at least one electronic transaction: _____

Are you able to customize your product to the needs of a given medical specialty? Yes No
If you answered "yes", please identify the specialties your product supports:

