



# BCBS OF SOUTH DAKOTA (88848) PRE-ENROLLMENT INSTRUCTIONS

## WHICH FORM(S) SHOULD I DO?

- There are 3 required forms that must be completed to enroll for electronic claim submission
- The [Electronic Transaction Registration Packet](#) contains the 3 required forms:
  - **Electronic Transaction Registration Form**
  - **Signature and Audit Agreement**
  - **Provider Authorization for Electronic Transactions via Third Party**
- For complete instructions on how to complete the required forms, see page 2 of the packet

*NOTE: There are also two additional forms in the packet that are not required. These forms are a Submitter Change of Address Request Form and a Cancellation Request Form. Complete these additional forms if they apply to you. These forms have been pre-filled with Office Ally's information for your convenience.*

## WHERE SHOULD I SEND THE FORM(S)?

- Fax the forms to (800) 691-1038; OR
- Email to [wellmarkecsolutionsregistration@dxc.com](mailto:wellmarkecsolutionsregistration@dxc.com)

## WHAT IS THE TURNAROUND TIME?

- Standard processing time is 10 business days after the form is received

## HOW DO I CHECK STATUS?

- You will receive an approval email from Wellmark. If you do not receive an email and would like to check the status:
  - Email [wellmarkecsolutionsregistration@dxc.com](mailto:wellmarkecsolutionsregistration@dxc.com) and ask if your Provider Tax ID or NPI are linked to Office Ally's Submitter Number 000011475
- Once you receive confirmation that you have been linked to Office Ally, you MUST contact us at (360) 975-7000 Option 1 and notify us of the approval PRIOR to submitting claims electronically.