



BRAVEN HEALTH

Electronic Transaction Authorization Form

You may email this completed form to BravenEDI@BravenHealth.com or fax this completed form to **1-973-522-4665**. The Braven Health Payer ID is **84367**.

Name of Provider/Trading Partner: _____

Address, City, State ZIP: _____

Contact Name: _____

Contact Email: _____ Contact Phone: _____

Tax ID(s): _____
Include all TIN suffixes as appropriate

Six-Digit UPIN: _____

Type 1 NPI: _____ Type 2 NPI: _____

Mode of Transmission: Please check the appropriate boxes below.

- Software Vendor*** Name of Software Vendor: _____
- Clearinghouse*** Name of Clearinghouse: _____
- Billing Service*** Name of Billing Service: _____

We agree to authorize the billing service or clearinghouse named below to submit our Braven Health claims electronically. We realize that it is our responsibility to assure that we receive from our billing service or clearinghouse any and all reports that are sent electronically from Braven Health to our billing service or clearinghouse detailing the results of our transmission(s). We agree to notify Braven Health if we discontinue sending electronic transmission through the below named trading partner and before beginning to use any other trading partner to send electronic transmissions.

- Hospital/Facility, Physician/Other Health Care Professional Programming Braven Health Specification**

We agree to fully program all aspects of the Braven Health Specification for the transactions we desire to send electronically to assure accurate and complete data transmission. We agree to program all transaction specific edits as outlined in the Braven Health Specification to assure a limited number of rejects. We agree to make all programming changes requested by Braven Health as promptly as reasonably possible. We agree to maintain the confidentiality of our Test and Production Submission IDs and Passwords and prevent unauthorized users from committing data security violations with our Submission IDs and Passwords. We realize that it is our responsibility to retrieve any and all reports that are put in our electronic mailbox by Braven Health detailing the results of our transmission(s). We agree to notify Braven Health if we discontinue sending electronic transmissions and before beginning to use other means of electronic transmissions.

Electronic Transactions:

Real Time Transactions

An existing Horizon BCBSNJ Submitter ID/Password may be used for Real Time Transactions (i.e. 270/271, 276/277, 278A). A new Production Submitter ID/Password is not required.

Batch Transactions,

A new Production Submitter ID/Password is required for Braven Health Batch Transactions (i.e., 837, 835).

Please provide me with a new Submitter ID/Password.

Please check **ONLY** the electronic transactions below for which you are applying.

Claims - Hospital/Facility

Claims - Physician or other Health Care Professional

We agree that the information on claims submitted electronically will be true, accurate and complete; and agree to keep such records as are necessary to disclose fully the extent of services and allow Braven Health reasonable access to all source documents and medical records related to any claim. We accept the liability for all claims submitted to Braven Health and will promptly refund any overpayment made by Braven Health on electronic claims. We realize that anyone who falsifies electronic claims information may, on conviction, be subject to fines and/or imprisonment under Federal Law. We agree that it is our responsibility to reconcile claim response reports / messages received from Braven Health, including acknowledgement of claim receipt from Braven Health, to assure our claims were received by Braven Health.

Requests for Authorization (Req Auth)

We agree that any and all Req Auths sent electronically contain true, accurate and complete information. We agree that it is our responsibility to assure that Braven Health has received our Req Auths by reconciling response reports returned to us.

Eligibility

We realize that the eligibility information returned by Braven Health is contingent on the information available at the moment of transmission. We understand that eligibility for a particular patient may change between the time of inquiry and the time the claim is processed. Payment determinations will be made based on eligibility at the time that services are provided.

Claim Status

We realize that the request for the status of a health care claim or encounter is contingent on the claim information available at the time of transmission.

Name: _____

Title: _____

Signature: _____

Date: _____