



Instructions for Completing AR BCBS Enrollment

- In order to enroll, all providers/facilities must enroll online via the following payer URL. If you have not done so already, you must first register to create a login and password in order to complete enrollment. Enrollments will not be accepted from a clearinghouse or billing agent.

Payer enrollment URL: <https://secure.ediservices.net/EDIS.Web/Login/Login.aspx>

- **Link Submitter ID E1822 for 270 transactions**
- If you have any questions concerning enrollment, please contact EDI at 501-378-2336 or at edi@arkbluecross.com
- Upon completion of enrollment, please forward the payer approval notification to Experian's Enrollment Team at cenrollment@experianhealth.com along with the completed coversheet.

Third Party Agencies: Please have your client(s) follow the steps outlined above and return the completed forms to you to return to Experian.

Thank you for your interest in Experian Health!

Payer Enrollment Cover Sheet

To process your payer enrollment correctly, please complete the below before sending in the form.

- Client ID:

- Partner Name (if applicable):

- Facility Name:

- Contact Name:

- Contact Email:

- Contact Phone #:

If you have any questions please email CSenrollment@experianhealth.com