

The Business Associate Profile (BAP) form must be completed to reflect each provider/location that has authorized the Trading Partner to submit and receive Blue Cross and Blue Shield of Louisiana (Louisiana Blue) electronic transactions.

- Add new provider location Submitter ID for existing submitters: _____
- Note: This BAP form will enroll the location for electronic claims submission only. Do not complete the BAP form when also enrolling for Electronic Remittance Advices (ERAs). The ERA Enrollment Form will enroll the location for electronic claims submission as well as ERAs.

Provider Name*	Provider Tax ID Number	NPI Number

*Print the provider name as it appears on each Louisiana Blue Payment Register.

Provider/Clinic/Location Name	Date	Completed By
Phone Number	Email Address	

- Please allow 3-5 business days for setup.
- Provider’s NPI must already be registered with Louisiana Blue. You may contact Provider Credentialing & Data Management at 1-800-716-2299, option 2 to report an NPI.

Completed forms can be faxed to (225) 298-2945 or emailed to EDIservices@lablue.com. For questions regarding this form, please contact EDI Services at 1-800-716-2299, option 3.