

**Provider Authorization Form for  
Release of Payment Remittance Advice to a third party**

**(835 Transaction)**

PROVIDER NAME:		
BCBSOK PROVIDER NUMBER:		
PHYSICAL ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE:	FAX:	
EMAIL ADDRESS:		
DATE SENT TO BCBSOK:	TARGET START UP DATE:	
CLEARINGHOUSE AUTHORIZED TO RECEIVE 835 TRANSACTION:		
CLEARINGHOUSE ADDRESS:		
CLEARINGHOUSE PARTY CITY:	STATE:	ZIP:
CLEARINGHOUSE TELEPHONE:	FAX:	
CLEARINGHOUSE EMAIL ADDRESS:		
CLEARINGHOUSE TECHNICAL CONTACT NAME:		

Discontinue paper Detail of Remittance currently sent to Provider's office  Yes  No

This will certify that the clearinghouse entity named above is authorized to receive the provider payment remittance advice, also known as the 835 transaction, that the provider listed above has complied with HIPAA and other relevant requirements authorizing the clearinghouse to receive such protected health information on their behalf, and that Blue Cross and Blue Shield of Oklahoma and its subsidiaries will be held harmless from any liability pertaining to the release of information to the aforementioned clearinghouse.

Authorized Provider Signature

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Date Signed

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Please return via fax or U.S. Mail to:

Director, Information Systems Applications  
Blue Cross and Blue Shield of Oklahoma  
1215 S Boulder Ave  
PO Box 3283  
Tulsa, OK 74102-3283



ATTN: Terry Steele  
FAX: (918) 560-3555