



P.O. Box 7011 Northridge, Ca 91327-7011 \* (818) 368-5501 \* [www.signatureclaims.net](http://www.signatureclaims.net)

## Provider Sign-up Form Information

Availity (Idaho, Florida, New Mexico, Oklahoma, Texas & Illinois Blue Cross/ Blue Shield)

Completely fill in the top and middle section .

Mail or fax this form to:

Availity Security  
Availity L.L.C  
Registration Department  
P.O. Box 550857  
Jacksonville, FL 32255-0857.  
fax- 904.470.2187

# Availity Business Associate Provider Access Delegation Form



Provider Name: \_\_\_\_\_

Tax ID: \_\_\_\_\_

Date: \_\_\_\_\_

I am a Physician, Hospital-Based Physician, Physician Group, or Hospital currently under contract with \_\_\_\_\_ [Business Associate] having offices at \_\_\_\_\_ for medical billing and/or other claims related services.

I do hereby authorize [Business Associate] access to claims and other related information for my patients through their use of the Availity® Gateway. I do hereby affirm that all of the necessary consents have been obtained from such patients to grant access to their claims and other related information to [Business Associate].

Upon the termination of services provided by [Business Associate] to my practice, I understand it is my responsibility to notify Availity through the execution of the *Availity Business Associate Provider Access Termination Form*, which can be provided by the Business Associate currently performing transactions on my behalf or accessed online at [www.availity.com](http://www.availity.com).

Provider Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Enter the Business Associate contact information below so that we may notify your Business Associate that they have access to conduct business on your behalf through the Availity® Gateway.

Business Associate Contact Name: \_\_\_\_\_

Contact Phone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Contact Email: \_\_\_\_\_

Fax completed form to Availity Security at 904.470.2187 or  
Mail the completed form to Availity Security for final processing at:  
Availity L.L.C., Registration Department, P.O. Box 550857, Jacksonville, FL 32255-0857.