BCBSNC eSolutions - Electronic Connectivity Request

for Direct Submitting Providers

Use this form if you are NOT submitting through a clearinghouse or billing service. A Trading Partner Agreement is required for new submitters.

Please complete the following form and fax the form to Electronic Solutions at **919.765.7101**. A Connectivity Request form is required for each provider group.

PROVIDER NAME				NP	I	
BUSINESS NAME				SEI	NDER ID (FEDERAL TAX	(ID)
CONTACT NAME		TITLE				
STREET ADDRESS	CITY	STATE		ZIP CODE		
PHONE NUMBER	FAX NUMBER		EMAIL ADDRES	S (REQUIRED)		
SOFTWARE VENDOR NAME						
CONTACT NAME				TITLE		
CTREET ADDRESS	CITY		CTATE	710 0005		
STREET ADDRESS	CITY		STATE	ZIP CODE		
PHONE NUMBER FAX NUMBER			EMAIL ADDRESS (REQUIRED)			
			l			
Connectivity Methods						
	Batch			Real	Time	Effective Date
Electronic Transactions	HTTPS	FTP	SOAP	SOAP/WSDL	SOAP/MIME	
Eligibility Inquiry – 270/271						
Claims Inquiry – 276/277						
Authorization & Referral 27	8					
Institutional Claims 8371						
Professional Claims 837P						
If you wish to request the E	lectronic Remittar	nce Advice	(835), you mus	t use the Electronic	c Remittance Advic	ce Authorization form.
Date:	Print Name:					
	Title:					
A called a discourse of City and City a						
Authorized Signature:						
An Independent licensee of the Blue Cross and Blue	Shield Association ® Registered	d marks of the Blue (Cross and Blue Shield Asso	ociation. SM Service mark of Blue	Cross and Blue Shield of North C	Carolina. ECR900, 6/13

