

## Provider Attestation for E-Visits

The Provider or Provider Practice listed below (hereinafter “you” or “your”) hereby informs Blue Cross and Blue Shield of North Carolina (BCBSNC) of its offering or intent to offer e-visits in compliance with BCBSNC’s current or successor Corporate Medical Policy (MED1141) covering E-visits (online Medical Evaluation), using a secured electronic channel identified below. You acknowledge receipt and acceptance of the policy, including the sections “Policy Guidelines” “Billing/Coding/ Physician Documentation Information” and “When E-visits are covered.”

This attestation is intended as a supplement to your agreement with BCBSNC by which you as the provider participate in the BCBSNC network(s) to provide health care services (the “Agreement”). The Agreement is the primary document controlling the relationship between you and BCBSNC. Nothing contained in the attestation is intended to amend, revoke, contradict or otherwise alter the terms and conditions of the Agreement.

### Type of Secured Electronic Channel

Secured Electronic Channel Vendor \_\_\_\_\_  
NAME

In-House Secured Electronic Channel

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### DESCRIPTION

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**NAME OF PROVIDER or PROVIDER PRACTICE**

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**Type II NPI**

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**SIGNATURE OF PROVIDER or DULY AUTHORIZED REPRESENTATIVE**

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**DATE**

Disclaimer: This Provider Attestation for E-Visits is not a guarantee of payment. As with all services, claims for e-visits are subject to your Agreement with BCBSNC; to BCBSNC’s policies and procedures, including BCBSNC’s medical policies; and to the terms of each member’s contract. The E-Visit must be a covered service as a condition for payment. Currently, the Federal Employee Program, Blue Medicare Advantage and North Carolina Health Choice benefit plans do not cover E-Visits. Other group benefit plans may also exclude E-Visits from covered services.