

Electronic Solutions - Electronic Connectivity Request

Please complete the following form and fax the form to **Electronic Solutions, (919) 765-7101**.
A Connectivity Request form is required for each provider group.

PROVIDER NAME			NATIONAL PROVIDER ID		
CONTACT NAME			TITLE		
MAIL ADDRESS		CITY	STATE		ZIP CODE
PHONE NUMBER	FAX NUMBER		EMAIL ADDRESS (REQUIRED)		
VENDOR/CLEARINGHOUSE NAME			CONTACT NAME		TITLE
MAIL ADDRESS		CITY	STATE		ZIP CODE
PHONE NUMBER	FAX NUMBER		EMAIL ADDRESS (REQUIRED)		
BILLING SERVICE NAME			CONTACT NAME		TITLE
MAIL ADDRESS		CITY	STATE		ZIP CODE
PHONE NUMBER	FAX NUMBER		EMAIL ADDRESS (REQUIRED)		

Electronic Transactions	Connectivity Mode					Effective Date
	Batch				Real Time	
	HTTPS	FTP (Windows GUI)	FTP (Command Line)	SOAP	SOAP	
Eligibility Inquiry – 270/271						
Claims Inquiry – 276/277						
Auth. & Referral – 278						
Electronic Remit – 835 (Par providers only)						
Institutional Claims – 837I						
Professional Claims – 837P						

Mail Box Password (8 characters): _____

Type of Sender: Provider Clearinghouse Billing Service
CAQH/CORE certified: Yes No

Sender/Receiver ID (Federal Tax ID): _____

Transaction Flow: From provider site directly to BCBSNC
 From provider site to billing service to BCBSNC
 From provider site to clearinghouse to BCBSNC
 From provider site to billing service to clearinghouse to BCBSNC
 Other – Specify: _____

Date _____ Print Name/Title (Required) _____ Authorized Signature (Required) _____

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