



# BlueCross BlueShield of North Carolina

An independent licensee of the Blue Cross and Blue Shield Association

## Provider Demographic Form

It is a participating provider's/group's contractual obligation to notify Blue Cross and Blue Shield of North Carolina (BCBSNC) of any change in demographic information and addition and/or deletion of any providers to your staff. This is critical to ensure BCBSNC and Blue Medicare HMO and Blue Medicare PPO members can access care through your practice by displaying the correct demographic information in the Provider Directory.

**Notice Contact – What is it?** For non-Medicare provider agreements, the Notice Contact is the name or title and address that you and BCBSNC are required to use to send certain notices regarding your provider agreement. This address is the “Notice Contact” listed in your agreement with us. Some notices must be sent in writing. Other notices may be sent electronically. See your provider agreement and the provider manual for more details. The “Notice Contact” may be different from your billing address and physical address.

**Required Information:** Your Commercial agreement with us must contain a “Notice Contact” provision listing the name or title and address of the person to whom contractual notices and other communications regarding our agreement shall be sent.

**Notice Contact Updates:** It is a participating provider's/group's contractual obligation to notify BCBSNC of any change to the Notice Contact. You may update the Notice Contact identified in your agreement with us by filling out this form and sending it to us. We accept e-mails, faxes, or hard copies. Only persons authorized to update or amend your provider agreement with us may complete this form, as this is a contractual requirement.

Please utilize this form when reporting changes.

### Information Currently on File

**Name of Practice:** \_\_\_\_\_

**National Provider Identifier (NPI)** \_\_\_\_\_

**Billing Address** (Address where provider receives billing information and billing correspondence):

\_\_\_\_\_  
\_\_\_\_\_

**Physical Address** (Street address of facility where services are rendered [actual office location]):

\_\_\_\_\_  
\_\_\_\_\_

**Notice Contact Address** (Name or title and address of the person to whom contractual notices and other communications regarding the provider agreement with BCBSNC must be sent): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number for Patients to Call: (\_\_\_\_\_) \_\_\_\_\_

**New Information**

Name of Practice: \_\_\_\_\_

**Billing Address** (Address where provider receives billing information and billing correspondence):

\_\_\_\_\_  
\_\_\_\_\_

**Physical Address** (Street address of facility where services are rendered [actual office location]):

\_\_\_\_\_  
\_\_\_\_\_

**Notice Contact Address** (Name or title and address of the person to whom contractual notices and other communications regarding the provider agreement with BCBSNC must be sent. Please indicate if the mailing address for US Mail is different from the courier/hand delivery address): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number for Patients Use: (\_\_\_\_\_) \_\_\_\_\_

Fax Number for BCBSNC and/or Blue Medicare Use: (\_\_\_\_\_) \_\_\_\_\_

Practice E-Mail Address: \_\_\_\_\_

(Allows us to quickly disseminate important information to provider practices)

**Signature of Physician, Practice Manager, or Authorized Representative:**

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

**General Updates:**

Practice Manager/Physician may download form and e-mail to Network Management [NMProviderDatabase@bcbsnc.com](mailto:NMProviderDatabase@bcbsnc.com) or fax form to Network Management Operations 919-765-4349.

**Contractual Notice Updates:**

Only persons authorized to update or amend your provider agreement with us may update the Notice Contact address, as this is a contractual requirement. Please email contractual notice updates to Network Management [NetworkManagementProviderNotice@bcbsnc.com](mailto:NetworkManagementProviderNotice@bcbsnc.com) or fax form to Network Management Operations 919-765-4349.

If you have new physicians join your practice, please visit our Web site at [www.bcbsnc.com](http://www.bcbsnc.com) to obtain an individual application to enroll the new provider's NPI and to obtain a credentialing application and instructions for credentialing if the provider has not been credentialed by Blue Cross and Blue Shield of North Carolina.

If you have questions, please contact your regional field office representative.