



BlueCross BlueShield of North Carolina

An independent licensee of the Blue Cross and Blue Shield Association

(Internal use only)

Verified by: _____

Date: _____

County Code: _____

New/Updated Information

Name of Practice: _____

Tax Identification Number (TIN) _____

National Provider Identifier (NPI) _____

Inbound NPI (Type I) _____

Outbound NPI (Type II) _____

Billing/ Remit Address/Phone# (Address where provider receives checks, billing information and billing correspondence):

Physical and Mailing/Correspondence Address is the same as Billing? _____ **Yes** _____ **No**

If not, please complete the following:

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

Mailing/Correspondence Address/Phone# (Address where provider receives general mail if different from billing address):

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)

Effective Date of Change: _____

Signature of Physician, Practice Manager, or Authorized Representative

Date

General Updates:

Practice Manager/Physician may download this form and e-mail to BCBSNC at Provider.AddressUpdts@bcbsnc.com or fax to BCBSNC 919-287-8884.

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 NetworkManagementProviderNot@bcbsnc.com or fax form to Network Management Operations 919-765-4349.

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If you have new physicians join your practice, please visit our Web site at 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.

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.