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### 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. Please utilize this form when reporting changes.

#### Information Currently on File

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

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

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

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

#### New Information

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

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

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

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

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

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

Signature of Physician, Practice Manager, or Authorized Representative:

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

Practice Manager/Physician may download form and e-mail to Network Management; [NMProviderDatabase@bcbsnc.com](mailto:NMProviderDatabase@bcbsnc.com).

If participating with both BCBSNC and Blue Medicare HMO and/or Blue Medicare PPO products please e-mail both [MParkBIU@bcbsnc.com](mailto:MParkBIU@bcbsnc.com) and [NMProviderDatabase@bcbsnc.com](mailto:NMProviderDatabase@bcbsnc.com).

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.