



ADD or REMOVE BLUE e USERS: REQUEST FORM

Entity Provider Name: _____ **Entity Tax ID Number:** _____

(Optional — Provider Billing/Group NPI: _____)

Please add the following users for **Blue e** access:

User Name (First, Middle Initial, Last)	Site Name or Site ID	Job Responsibility (e.g. Registration, Billing, EFT*)

*Please see the amended **Blue e Network Agreement** online for directives about users with access to EFT.

Please delete the following users from **Blue e** access:

User Name (First, Middle Initial, Last)	User Name (First, Middle Initial, Last)

Requestor's Name: _____

Requestor's Phone Number: _____ **ext:** _____

Requestor's FAX Number: _____

Requestor's Email: _____ (required for confirmation)

Authorized Signature and Printed Name Date: _____

PLEASE FAX YOUR COMPLETED REQUEST TO EDI SERVICES (919) 765-7101