BlueCross BlueShield of North Carolina

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Demographic Change Form

Complete this form when updating the billing, practice, and contractual notice demographic information for a group or solo provider. Email the completed form(s) to ProviderUpdates@bcbsnc.com or fax to 919-287-8884.

Is the completion of this form a response to a Provider Outreach regarding your directory information?

Yes No

Effective Date of Change: _____
This date should not be greater than 60 days from the submission of this form.

Legal Name: _____

Tax Identification Number (TIN): _____

National Provider Identifier (NPI)

Individual NPI: _____ **Group NPI**: _____

Medicare Provider #: _____ **CLIA # (if applicable):** _____
Required for Blue Medicare Please attach most recent copy

Blue Medicare Mailing/Correspondence Address:
Address where you will receive general mail specific to Blue Medicare

_____
Street Address/PO Box City State Zip County

Billing Address:
Address where you will receive checks, billing information and general correspondence.

_____
Street Address/PO Box City State Zip County

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Practice Address:
Street address of facility/office where services are rendered.
(Roster required for new locations)

Street Address/PO Box | City | State | Zip | County

Appointment/Patient Phone Number | Fax Number

**If the above address is replacing an address that is currently on file, please advise what address it is replacing below:

Street Address/PO Box | City | State | Zip | County

Appointment/Patient Phone Number | Fax Number

Contractual Notice Address:
Address where contractual notices and other communications regarding the provider agreement with BCBSNC must be received.

☐ No Change ☐ Same as Billing Address ☐ Same as Practice Address

Street Address/PO Box | City | State | Zip | County

Contractual Notice Recipient: _____
Name of authorized person who may receive contractual notices and other communications regarding the provider agreement with BCBSNC.

Practice E-Mail Address: _____
Allows us to quickly disseminate important information to provider practices

Post Service – Medical Record Request: _____
Fax number or mailing address

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

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General Updates:

Practice Manager/Physician may download this form and e-mail to BCBSNC at ProviderUpdates@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 ProviderUpdates@bcbsnc.com or fax to Network Management Operations at 919-765-4349.

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. 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.

Blue Medicare Mailing/Correspondence Address

It is imperative that your practice specify where you would like to receive mailings specific to Blue Medicare. Blue Medicare correspondence can include information regarding membership and claim adjustments/requirements; information that may have a great impact on your relationship with our members.

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. 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.

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. 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.