



Dear Provider:

Thank you for your interest in Blue Cross Blue Shield of Michigan's internet claim tool (ICT). The ICT is designed to facilitate claim processing for providers who are currently submitting paper claims. In order for you to have access and send claims via the tool, you must be enrolled in web-DENIS and complete the following items:

- Your NPI must be registered with Provider Enrollment prior to enrolling in the ICT
- BCBSM Customer Profile (form enclosed or complete it online)
- BCBSM web-DENIS and Use License Agreement (if not already enrolled in web-DENIS)

If you are not enrolled in web-DENIS, please follow the enrollment instruction below:

- Go to bcbsm.com and select I AM A: **Provider** on the right side of the page.
- In the blue box under I AM A: **Provider**, select **More**.
- Under **Welcome Providers**, select **Learn how to sign up for Provider Secured Services**.
- Follow the instructions under; **It's easy to sign up**.

If you're having problems completing the Secured Access application or the Use and Protection Agreement form, please call BCBSM web-DENIS Support at 248-486-2496 or 877-258-3932.

Note: To use the BCBSM claims tool, you must have Microsoft Internet Explorer 6.0 or higher on the PC (Macintosh not supported) you are using.

Once you have enrolled in web-DENIS and completed and returned the required paperwork, an EDI Specialist from ETP Contracting and Relations will contact you regarding internet claim tool training.

I look forward to working closely with you in the future.

Sincerely,

A handwritten signature in black ink that reads "John Bialowicz".

John Bialowicz
Manager
ETP Contracting and Relations

Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

BCBSM Customer Profile - Dental

Please complete each section in its entirety. Incomplete information may delay set-up at BCBSM.

Customer Information

Practice Name			Total Number of Providers	
Mailing Address				
City			State	Zip Code
Facility Tax ID Number	Additional Facility Tax ID Number (if applicable)	Specialty	Practice Mgmt System	
Internet Provider		Hardware	Internet Explorer Version Number	

General Contact Information

Primary Contact Name		Telephone Number	Extension
Fax Number	E-mail	IT Contact	
Remarks/Comments:			

User Information

List the name, e-mail address, phone number with extension and web-DENIS/Secured Access ID of people who will be using the BCBSM claims tool. If you don't have a web-DENIS/Secured Access ID for each person, you must complete the web-DENIS/Secured Access application and the Use and Protection Agreement. Please attach additional page(s) if necessary.

User Name	E-mail	Telephone Number	Extension	web-DENIS/Secured Access ID
User Name	E-mail	Telephone Number	Extension	web-DENIS/Secured Access ID
User Name	E-mail	Telephone Number	Extension	web-DENIS/Secured Access ID
User Name	E-mail	Telephone Number	Extension	web-DENIS/Secured Access ID

Provider Names and Numbers

Please use the space below to record the provider name, tax ID or Social Security number, state license number and National Provider Identifier (if received) used for billing. The state license number should be reported as eight digits; the first two digits are alpha (provider initials) and the remaining six are the last six digits of the state license number (e.g., AB123456). Please indicate whether you are registered as a group practice or an individual provider by placing an "X" in the appropriate box. Please attach additional page(s) if necessary.

Note: The tax ID/SSN and state license number are required for each provider that will be submitting claims.

<input type="checkbox"/> Group <input type="checkbox"/> Individual	Provider Name (First, Middle, Last)	TAX ID/SSN	NPI	State License Number
<input type="checkbox"/> Group <input type="checkbox"/> Individual	Provider Name (First, Middle, Last)	TAX ID/SSN	NPI	State License Number
<input type="checkbox"/> Group <input type="checkbox"/> Individual	Provider Name (First, Middle, Last)	TAX ID/SSN	NPI	State License Number
<input type="checkbox"/> Group <input type="checkbox"/> Individual	Provider Name (First, Middle, Last)	TAX ID/SSN	NPI	State License Number