

# Authorization To Modify FAX COVER PAGE

Fax To: \_\_\_\_\_

From (office): \_\_\_\_\_

Contact: \_\_\_\_\_

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

## PLEASE NOTE!!

- We cannot accept handwritten forms.
- Do not hand write anywhere on the forms(except for the signature), otherwise processing will be delayed.
- To ensure forms are processed timely, please adhere to the following instructions:
  - Enter all information online(Google Chrome or Internet Explorer work best).
  - Press the tab key after each entry to move from field to field.

### **\*\*ATTENTION\*\***

We're always looking for ways to protect our member's information and keep your account secure. That's why we'd like to connect your online account to an email address that's related to your business rather than a public email provider such as Hotmail, Gmail or Yahoo.

If you have a company email address, please include it on your request for access or changes to your Provider Secured Services account at bcbsm.com. If you're not sure whether a company email address is available to you, check with your website administrator. Most websites offer a domain email free with your account. If you're a smaller practice that doesn't host a website, we'll accept your request with the email you use to conduct your business.



# AUTHORIZATION TO MODIFY BCBSM AND OR BCN PROVIDER CODES ON PROVIDER SECURED SERVICE ID

**Please Complete Electronically**

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

**Section 1.**

Facility/Office Practice Name (where users are located)			Provider Specialty
Street Address and Suite Number (address where users are located)			Contact Person
City	State	Zip Code	Contact Person's Telephone and Extension
Tax ID			Contact Person's company issued email address

**Section 2.**

**ADD NPI(s)**

If NPI(s) should be added, list NPI(s) and User ID(s) below.

To duplicate NPI access from an active User ID, enter the ID here \_\_\_\_\_  
(NPIs will not be added to the cloning ID unless also listed in section below)

<u>NPI Numbers</u>	<u>NPI Numbers</u>	<u>User ID</u>	<u>User ID</u>
_____	_____	_____	_____
10-digit NPI Number	10-digit NPI Number	User ID	User ID
_____	_____	_____	_____
10-digit NPI Number	10-digit NPI Number	User ID	User ID
_____	_____	_____	_____
10-digit NPI Number	10-digit NPI Number	User ID	User ID
_____	_____	_____	_____
10-digit NPI Number	10-digit NPI Number	User ID	User ID

**Section 3.**

**REMOVE NPI(s)**

If NPI(s) should be removed, list NPI(s) and User ID(s) below.

Remove from the below User IDs:  
ID is either a P##### or F#####

<u>NPI Numbers</u>	<u>NPI Numbers</u>	<u>User ID</u>	<u>User ID</u>
_____	_____	_____	_____
10-digit NPI Number	10-digit NPI Number	User ID	User ID
_____	_____	_____	_____
10-digit NPI Number	10-digit NPI Number	User ID	User ID
_____	_____	_____	_____
10-digit NPI Number	10-digit NPI Number	User ID	User ID

**Section 4.**

I hereby authorize the User(s) of the above Provider Secured Service Logon ID(s), in the office of \_\_\_\_\_  
(Professional/Facility Provider Name), to access any and all information provided via Provider Secured Services which includes, but is not limited to, detailed claim information and payment information either now or in the future for both my individual and/or group provider codes.

**Authorization**

By signing below, I represent and warrant that I have been granted full legal authority, by corporate resolution, appropriate delegated signature authority, or as permitted by a signature authorizing policy, to enter into and bind the provider and / or provider group to contracts and agreements and intending to be legally bound have executed this agreement on the date below.

_____	_____
Type Name of the Authorized Signer	Title of Authorized Individual
_____	_____
Signature of Provider/Facility Authorized Individual	Date
<b>Handwritten Signature Only</b>	

**For questions call 1-877-258-3932**

**Send Fax to 1-800-495-0812**