

e-referral Request for Group ID Changes 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.

e-referral Request for Group ID Changes

Please complete electronically

Please note: The request to add/delete providers will affect access at the practice level, not individual users

Section 1.

Office/Practice/Group Name: (where users are located)			
Street Address and Suite Number (address where users are located)			Office Contact Person
City	State	Zip Code	Contact Person's Telephone Extension
Contact person company issued email address		Please provide a Provider Secured Services ID that currently has access to e-referral ID: _____ User ID	

Section 2. ADD NPI(s) If NPI(s) should be added to e-referral, list NPI(s) below.

Provider or Group Name	NPI Number
_____	_____ 10-digit NPI Number
_____	_____ 10-digit NPI Number
_____	_____ 10-digit NPI Number
_____	_____ 10-digit NPI Number
_____	_____ 10-digit NPI Number

Section 3. REMOVE NPI(s) If NPI(s) should be removed from e-referral, list NPI(s) below.

Provider or Group Name	NPI Number
_____	_____ 10-digit NPI Number
_____	_____ 10-digit NPI Number
_____	_____ 10-digit NPI Number
_____	_____ 10-digit NPI Number

Section 4. 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 authorization policy, to enter into and bind the provider and/or facility group to contracts and agreements and, intending to be legally bound, have executed this agreement on the date listed above.

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