



## Billing Service Secured Access Application

Billing Service Name (where users are located)	Contact Person		
Street Address and Suite Number (address where users are located)	City	State	Zip Code
Contact Person's Telephone and Extension ( )	Tax ID:		
Do You Submit Claims Electronically? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Email Address to receive assigned Provider Secured Service ID(s)			

Do you formally participate with BCBSM in accepting payments? Yes <input type="checkbox"/> No <input type="checkbox"/> Does your office have access to Provider Secured Services? Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If you are only requesting additional Provider Secured Services IDs, enter the User ID you would like to have cloned with the same provider codes.</b> _____  <b>For offices that currently have access to e-referral and are requesting access for additional users, please provide a Provider Secured Services ID for verification purposes.</b> _____
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**If no, you must complete the "Use and Protection Agreement"**  
 If yes, list your current Provider Secured Services ID \_\_\_\_\_

**Type the name(s) and phone number(s) of the individual(s) requiring Provider Secured Access. Check all features you are requesting for each user**  
 All individuals using Provider Secured Services must be included below to receive their own user ID. Provider Secured Services IDs may not be shared among the office staff. For claims tracking, each client (Provider/Facility) must complete an Addendum B. **Note: All users automatically receive access to web-DENIS and web-DENIS eligibility.** For e-referral access, each client (Provider/Facility) must complete the e-referral Request for Group ID Changes for Billing Services and Service Bureaus. In addition, all listed providers are automatically added to the existing Billing Service and are immediately available for e-referral.

Name (Type in full legal name for each user)	User's Telephone # and Extension	Claims Tracking	FCC (Facility Only)	e-referral Access (BCN Only)	For BCBSM Use Only
<b>EXAMPLE: John B Doe</b>	<b>248-222-1112 ext. 231</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**AUTHORIZATION FOR USE AND ACCESS**

**NOTE: If additional space is needed, attach a separate listing of the names and telephone numbers for each user requiring secured access.**  
 I hereby state the information provided on this application is correct and the provider codes listed pertain to my practice/facility only.

_____ Billing Service Authorized Signature <b>Do not use a signature stamp on the line above</b>	_____ Date
_____ Type or Print Name of Authorized Signer	_____ Signer's Title

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL 1-877-258-3932**

On behalf of the representing entity, the signer agrees that they have the company's designated authority. User IDs may not be shared. The signer has authorized each individual employee to access Blue Cross Blue Shield of Michigan secured Provider Portal. Signer and their authorized Users agree:

- To use the data obtained only in the manner specified by Blue Cross Blue Shield of Michigan or Blue Care Network applicable agreements
- To certify any data obtained or submitted shall be for services performed by or under direct supervision of the Provider/ Facility named above
- To assure the information obtained or transmitted shall be confidential and used only for the purpose of transacting BCBSM business

Fax or mail application to: Blue Cross Blue Shield of Michigan 53200 Grand River Mail Code L830 New Hudson, MI 48165 Fax #: 1-800-495-0812	<b>(For BCBSM use only)</b> Secured Access ID# _____  COMMENTS: _____
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