

BCBSNC eSolutions – Electronic Connectivity Request

for Direct Submitting Providers

Use this form if you are NOT submitting through a clearinghouse or billing service.
A Trading Partner Agreement is required for new submitters.

Please complete the following form and fax the form to Electronic Solutions at **919.765.7101**.
A Connectivity Request form is required for each provider group.

PROVIDER NAME			NPI		
BUSINESS NAME			SENDER ID (FEDERAL TAX ID)		
CONTACT NAME		TITLE			
STREET ADDRESS		CITY		STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS (REQUIRED)			

SOFTWARE VENDOR NAME					
CONTACT NAME			TITLE		
STREET ADDRESS		CITY		STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS (REQUIRED)			

Electronic Transactions	Connectivity Methods					Effective Date
	Batch			Real Time		
	HTTPS	FTP	SOAP	SOAP/WSDL	SOAP/MIME	
Eligibility Inquiry – 270/271						
Claims Inquiry – 276/277						
Authorization & Referral 278						
Institutional Claims 837I						
Professional Claims 837P						

If you wish to request the Electronic Remittance Advice (835), you must use the Electronic Remittance Advice Authorization form.

Date: _____ Print Name: _____

Title: _____

Authorized Signature: _____