

Section 1. Billing Service/Service Bureau, TPA Name: _____

Section 2. For existing users, add access to the following ID's: (To view an example of updating consecutive Provider Secured Services IDs, place the mouse pointer on an input field below).

Add the following NPI(s) to my new/existing Provider Secured Services ID(s).

Check to also receive e-referral access

<u>Provider or Group Name</u>	<u>Set ID</u>	<u>10-digit NPI</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 3. For existing users, delete access from the following ID's: (To view an example of updating consecutive Provider Secured Services IDs, place the mouse pointer on an input field below)

Delete the following NPI(s) from my existing Provider Secured Services/e-referral access. For removal, a signature from the authorized Individual from the Billing Service is adequate.

<u>Provider or Group Name</u>	<u>10-digit NPI</u>
_____	_____
_____	_____
_____	_____

Section 4.

Authorization for Provider Secured Services and/or e-referral (To be completed by the Provider or the Authorized Representative for the provider/facility).

This Authorization for Representative Access Form permits you to authorize a billing service or TPA to have access to designated information for your individual and/or group provider NPI(s) for both Provider Secured Services and/or e-referral access.

The Billing Service, Service Bureau or TPA listed above, is authorized to access the information provided via Provider Secured Services and/or e-referral either now or in the future, for both individual and/or group NPI(s) which is the minimum information necessary for performing their job function. If the Authorized Representative's duties involve the use or disclosure of Protected Health Information (PHI), then the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA), and stricter state and federal laws, as applicable, require the PHI be protected from inappropriate uses or disclosures.

By signing below, I represent I am a Provider or the Authorized Representative for the Provider/facility and warrant I have been granted full legal authority by corporate resolution to update BCBSM enrolled NPI(s) to Provider Secured Services login ID's and/or BCN e-referral on the date set forth below. If the signatory contractually represents multiple providers in the business of health insurance billing/inquiry, they must include a printout of all such codes with this Addendum.

In addition, I understand that by signing above I have the company's designated authority to request and maintain minimum necessary web access and am responsible for complying with all terms and conditions contained within the Billing Service/Third Party Management Use and Protection Agreement.

<https://www.bcbsm.com/content/dam/public/Providers/Documents/help/billing-service-use-and-protection-agreement.pdf>

(Provider/Facility Name Associated with the above NPI(s))

(Date)

(Type Name of Authorized Individual from the Provider Office/Facility)

(Title of Authorized Individual)

(Signature of Authorized Individual from the Provider Office/Facility)
(Handwritten signature only)

Contact Name

Phone Number

Fax to: 1-800-495-0812

Company Issued Email Address