



Blue Cross
Blue Shield
Blue Care Network
of Michigan

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

FAX COVER PAGE

Fax To: _____

From: _____

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.



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

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

Please Complete Electronically

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	
			Extension	
Tax ID			Contact Person's Company Issued Email Address	

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

NPI Numbers	NPI Numbers	Add to the below User IDs: <u>ID is either a P##### or F#####</u>	
_____	_____	_____	_____
10-digit NPI Number	10-digit NPI Number		
_____	_____	_____	_____
10-digit NPI Number	10-digit NPI Number		
_____	_____	_____	_____
10-digit NPI Number	10-digit NPI Number		
_____	_____	_____	_____
10-digit NPI Number	10-digit NPI Number		

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

NPI Numbers	NPI Numbers	Remove from the below User IDs: <u>ID is either a P##### or F#####</u>	
_____	_____	_____	_____
10-digit NPI Number	10-digit NPI Number		
_____	_____	_____	_____
10-digit NPI Number	10-digit NPI Number		
_____	_____	_____	_____
10-digit NPI Number	10-digit NPI Number		

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

Handwritten Signature Only

Date

For questions call 1-877-258-3932

Send Fax to 1-800-495-0812