Blue Cross Blue Shield Blue Care Network of Michigan

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

e-referral Request for Group ID Changes

Please complete electronically

Please note: The request to add or delete providers will affect access at the office/practice level, not each individual user.

Office/Practice/Group Name: _____

Street address and suite number: _____

City: _____ State: _____ Zip Code: _____

Please provide a Provider Secured Services Login ID that currently has access to e-referral for verification purposes _____

Please add the following providers to Office/Practice existing e-referral

Provider name (print first name and last name)		10-digit NPI

Please delete the following providers to Office/Practice existing e-referral

Provider name (print first name and last name)		10-digit NPI

Authorization for access to e-referral

_____ _____

Provider / Facility Authorized Signature — Date

Do not use a signature stamp on the line above

_____ _____

Type the name of the authorized signer — Signer's title

_____ _____ _____

Telephone number — Fax number — E-mail address

By signing above, 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.

Fax application to: 1-800-495-0812