



P.O. Box 7011 Northridge, Ca 91327-7011 \* (818) 368-5501 \* [www.signatureclaims.net](http://www.signatureclaims.net)

## Provider Sign-up Form Information

### North Carolina Blue Cross/Blue Shield

Complete and the date the top section.

Sign and date the bottom.

Fax this form to:

EDI Services

FAX-(919) 765-7101

# EDI SERVICES BATCH CONNECTIVITY REQUEST

Please complete the following form and fax the form to **EDI SERVICES (919) 765-7101**.

A Connectivity Request Form is required for each provider group.

Valid for New Blue, PCP, MedPoint, State Health Plan, FEP, BlueCard and Traditional BCBSNC plans.

PROVIDER NAME		NATIONAL PROVIDER IDENTIFIER	BCBSNC PROVIDER NUMBER
CONTACT NAME		TITLE	
MAIL ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	

**Are you changing vendor/clearinghouse or billing service:**  Yes, Effective Date of Change: \_\_\_\_\_ / \_\_\_\_\_ / 200\_\_\_\_  No

VENDOR/CLEARINGHOUSE NAME Signature Claims	CONTACT NAME Bill Greenland	TITLE OWNER
MAIL ADDRESS PO BOX 7011	CITY NORTHRIDGE	STATE CA ZIP CODE 91327-7011
PHONE NUMBER 818 368 5501	FAX NUMBER 818 368 5501	EMAIL ADDRESS bi11@signatureclaims.net

BILLING SERVICE NAME	CONTACT NAME	TITLE
MAIL ADDRESS	CITY	STATE ZIP CODE
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS

Transaction	Effective Date	X12 Version
270/271		
276/277		
278		
835		
837 Institutional		
837 Professional		X

**Mode of Connectivity:**

HTTPS (via Internet)

FTP (via Internet) Command Line client

FTP (via Internet) Windows GUI client

RealMed

Async →

Modem Protocol:  X  Y  Z  Kermit

Baud Rate: \_\_\_\_\_

Mail Box Password (8 characters): SASIGNAT

Type of Sender:  Provider  Billing Service  Clearinghouse

Sender/Receiver ID (Federal Tax ID): 20-3506468

Electronic Audit Reports should be sent to:  Provider  Billing Service  Clearinghouse

**Transaction Flow:**

- From provider site directly to BCBSNC
- From provider site to billing service to BCBSNC
- From provider site to clearinghouse to BCBSNC
- Other - Specify: \_\_\_\_\_

Date \_\_\_\_\_ Print Name/Title \_\_\_\_\_ Authorized Signature \_\_\_\_\_

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**BlueCross BlueShield of North Carolina**