Blue e℠   USER MAINTENANCE REQUEST FORM

Entity Provider Name: _____

Entity
Tax ID Number: _____

Affiliate
Provider NPI (Optional): _____

The **Blue e** Administrator is responsible for managing your organization's **Blue e** account, including password resets, creating and removing users. The Administrator is responsible for ensuring the account information is up to date. Each person must have a unique user account. Sharing / Reassigning a **Blue e** User ID is in violation of the **Blue e** Interactive Network Agreement. Billing / credentialing companies are advised not to register their organizations under their client's information. Granting **Blue e** access to billing / credentialing companies is strictly prohibited.

Please ADD the following <u>NEW</u> users for **Blue e** access:

USER INFORMATION (for Blue e access)

USER NAME (First, Middle Initial, Last)	JOB RESPONSIBILITY (e.g., Registration, Billing, Human Resources, EFT*)	USER E-MAIL ADDRESS

*Please see the amended Blue e Network Agreement online for directives about users with EFT access.

Please MODIFY the following <u>existing</u> users for **Blue e** access:

USER NAME (First, Middle Initial, Last)	USER ID	ACCESS REQUESTED	USER E-MAIL ADDRESS

Please DELETE the following users from **Blue e** access:

USER NAME (First, Middle Initial, Last)	USER NAME (First, Middle Initial, Last)

Required Information:

In order to verify your identity as a Blue Cross NC provider, please provide the following information:

Date of most recent EOP or remittance in **Blue e**: _____

Dollar amount of that remittance: _____

Note: Failure to supply this information will result in additional identity verification steps.

Please complete the following REQUIRED information:

Requestor's Name: _____

Business
Phone Number: _____ EXT: _____

Business
FAX Number: _____

Business Email Address: _____

Authorized Signature
and Printed Name: _____ Date: _____

**Please FAX your COMPLETED REQUEST to eSOLUTIONS at (919) 765-7101, or save this PDF
and email it to *ediprodsup@bcbsnc.com* as an attachment.**