

Enrollment Pending Claims Filing Exception Form

This Enrollment Pending Claims Filing Exception Form (“Form”) serves as documentation that the practitioner (“Enrollment Pending Practitioner”) has completed Blue Cross NC credentialing and that all necessary and appropriate Blue Cross NC enrollment documentation has been submitted to our Provider Data Management team mailbox, ProviderUpdates@bcbsnc.com.

In addition, the practitioner named below (“Temporary Billing Provider”) is currently, and for the duration of the exception covered by this Form will remain, i) a Blue Cross NC credentialed practitioner in good standing, ii) enrolled with Blue Cross NC and affiliated with the Enrollment Pending Practitioner’s group practice and iii) participating under the Enrollment Pending Practitioner’s current practice network participation agreement with Blue Cross NC.

Blue Cross NC will accept claims billed by the Temporary Billing Provider and under the Enrollment Pending Practitioner’s current group practice network participation agreement with Blue Cross NC on behalf of the Enrollment Pending Practitioner until the Enrollment Pending Practitioner’s enrollment effective date as determined and communicated by Blue Cross NC.

This Form will terminate immediately upon the enrollment effective date of the Enrollment Pending Practitioner.

Enrollment Pending Practitioner _____

Enrollment Pending Practitioner Individual NPI _____

Temporary Billing Provider _____

Temporary Billing Provider Individual NPI _____

Practice Name _____

Type 2 Practice NPI _____

Initial Date of Temporary Billing _____

Signature of Authorized Practice Representative _____

Title of Authorized Practice Representative _____

Date Signed _____

Please send completed form to ProviderUpdates@bcbsnc.com