

BCBSNC eSolutions – Electronic Connectivity Request

for Clearinghouses/Billing Services (direct submitting only)

Please complete the following form and fax the form to Electronic Solutions at **919.765.7101**.
A Trading Partner Agreement is required for new submitters.

Type of Direct Sender: ☐ Clearinghouse ☐ Billing Service
Status: ☐ New Trading Partner ☐ Existing Trading Partner

COMPANY NAME		IDENTIFIER (FEDERAL TAX ID)	
CONTACT NAME		TITLE	
STREET ADDRESS		CITY	STATE ZIP CODE
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS (REQUIRED)	

Electronic Transactions	Connectivity Methods					Effective Date
	Batch			Real Time		
	HTTPS	FTP	SOAP	SOAP/WSDL	SOAP/MIME	
Eligibility Inquiry 270/271						
Claims Inquiry 276/277						
Authorization & Referral 278						
Electronic Remit 835*						
Institutional Claims 837I						
Professional Claims 837P						
Benefit Enrollment 834						

* Par providers only

Date: _____ Print Name: _____

Title: _____

Authorized Signature: _____

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