

## **Instructions for Completing BCBSNC Electronic Connectivity Request**

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- 2. Complete the information located in the first text box at the top of the form
- 3. Date, print name and sign
- 4. Once complete, please fax back to Passport Health at (866) 921-8415, attn: Enrollment Administrator –or- scan and email directly back to your enrollment administrator
- 5. DO NOT fax the completed form directly to Electronic Solutions

Please Note: Billing Agencies: Your clients must complete and sign this paperwork, you cannot complete for them. Please have your client follow the steps outlined above and return the forms to you to return directly to Passport.

Thank you for your interest in Passport!

## **Electronic Solutions - Electronic Connectivity Request**

Please complete the following form and fax the form to **Electronic Solutions**, **(919) 765-7101**. A Connectivity Request form is required for each provider group.

BUSINESS NAME  CONTACT NAME  PHYSICAL ADDRESS (PO BOX NOT ALLOWED)  CITY  STATE  ZIP CODE  PHONE NUMBER  FAX NUMBER  FAX NUMBER  CONTACT NAME  MAIL ADDRESS (PEQUIRED)  STATE  ZIP CODE  PHONE NUMBER  FAX NUMBER  FAX NUMBER  FAX NUMBER  CONTACT NAME  MAIL ADDRESS (REQUIRED)  BILLING SERVICE NAME  MAIL ADDRESS (REQUIRED)  TOTY  STATE  ZIP CODE  PHONE NUMBER  FAX NUMBER  FAX NUMBER  FAX NUMBER  CONTACT NAME  ITITLE  MAIL ADDRESS (REQUIRED)  Transaction Version:  ANAL ADDRESS (REQUIRED)  Transaction Version:  AUTIVE  Transaction Version:  FAX NUMBER  FAX NU								
CONTACT NAME  PHYSICAL ADDRESS (PO BOX NOT ALLOWED)  CITY  STATE  ZIP CODE  PHONE NUMBER  FAX NUMBER  CONTACT NAME  TITLE  MAIL ADDRESS (REQUIRED)  BILLING SERVICE NAME  FAX NUMBER  CONTACT NAME  CONTACT NAME  TITLE  ZIP CODE  PHONE NUMBER  FAX NUMBER  CONTACT NAME  TITLE  ZIP CODE  PHONE NUMBER  FAX NUMBER  CONTACT NAME  TITLE  ZIP CODE  PHONE NUMBER  FAX NUMBER  EMAIL ADDRESS (REQUIRED)  Transaction Version:  4010A1 or 5010  Connectivity Method  Batch  Real Time  Effective Date  Electronic Transactions  HTTPS  FTP  SOAP  SOAP*  Eligibility Inquiry – 270/271  Claims Inquiry – 270/277  Auth. & Referral – 278  Electronic Ramit – 835 (Par providers only)  Institutional Claims – 837P  Dental Claims – 837P  Professional Claims – 837P  Dental Claims – 837P  Professional Claims – 837P  Dental Claims – 837P  Professional Claims – 837P  Authorized Signature (Required)	PROVIDER NAME			NATIONAL PROVIDER ID				
HYSICAL ADDRESS (PO BOX NOT ALLOWED)  CITY  STATE  ZIP CODE  HONE NUMBER  FAX NUMBER  CONTACT NAME  TITLE  MAIL ADDRESS (REQUIRED)  Transaction Version:  FAX NUMBER  CONTACT NAME  MAIL ADDRESS (REQUIRED)  Transaction Version:  Ad100A1 or 5010  Connectivity Method  Batch  Real Time  Effective Date  Electronic Transactions  HTTPS  FTP  SOAP  SOAP  Claims Inquiry - 270/271  Claims Inquiry - 270/271  Claims Inquiry - 276/277  Auth. & Referral - 278  Electronic Remit - 835  (Par providers only)  Professional Claims - 837P  Dental Claims - 837P  Authorized Signature (Required)	BUSINESS NAME			I				
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SOFTWARE VENDOR/CLEARINGHOUSE NAME  MAIL ADDRESS  GTY  STATE  ZIP CODE  PHONE NUMBER  FAX NUMBER  FAX NUMBER  CONTACT NAME  MAIL ADDRESS (REQUIRED)  BILLING SERVICE NAME  CONTACT NAME  MAIL ADDRESS (REQUIRED)  Transaction Version:  AU10A1 or 5010  Connectivity Method  Batch  Batch  Connectivity Method  Batch  Real Time  Effective Date  Electronic Transactions  HTTPS  FTP  SOAP  SOAP  FOAP  Eligibility Inquiry – 270/271  Claims Inquiry – 270/277  Auth. & Referral – 278  Electronic Remit – 835  Electronic Remit – 835  Electronic Remit – 837P  Dental Claims – 837D  Dental Claims – 837D  Dental Claims – 837D  One Sender/Receiver ID (Federal Tax ID):  Date  Print Name/Title (Required)  Authorized Signature (Required)	PHYSICAL ADDRESS (PO BOX NOT ALL	LOWED)	CITY	STATE	Z	ZIP CODE		
MAIL ADDRESS    FAX NUMBER	PHONE NUMBER FAX NUMBER		EMAIL ADDRESS (REQUIRED		D)			
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BILLING SERVICE NAME  CONTACT NAME  TITLE  MAIL ADDRESS  CITY  STATE  ZIP CODE  PHONE NUMBER  FAX NUMBER  FRAX NUMBER  FIP  SOAP  SOAP  SOAP  FIP  SOAP  FIP  SOAP  SOAP  Authorized Signature (Required)	MAIL ADDRESS		CITY STA		ZIP CODE			
MAIL ADDRESS  CITY  STATE  ZIP CODE  PHONE NUMBER  FAX NUMBER  EMAIL ADDRESS (REQUIRED)  Transaction Version:  4010A1 or 5010  Connectivity Method  Batch  Real Time Effective Date  Eligibility Inquiry - 270/271  Claims Inquiry - 270/271  Auth. & Referral - 278  Electronic Remit - 835 (Par providers only)  Institutional Claims - 837P  Dental Claims - 837P  One Sonder:  Professional Claims - 837D (5010 version only)  *must be CAQH/CORE certified  Type of Sender:  Provider  Clearinghouse  Billing Service  Authorized Signature (Required)	HONE NUMBER FAX NUMBER			EMAIL ADDRESS (REQUIRE	D)			
PHONE NUMBER  FAX NUMBER  FAX NUMBER  EMAIL ADDRESS (REQUIRED)  Transaction Version: 4010A1 or 5010  Connectivity Method  Batch Real Time Effective Date  Electronic Transactions  HTTPS FTP SOAP SOAP*  Eligibility Inquiry – 270/271  Claims Inquiry – 276/277  Auth. & Referral – 278  Electronic Remit – 835 (Par providers only)  Institutional Claims – 837D (5010 version only)  *must be CAQH/CORE certified  Type of Sender: Provider Clearinghouse Billing Service  Sender/Receiver ID (Federal Tax ID):  Date Print Name/Title (Required)  Authorized Signature (Required)	BILLING SERVICE NAME		CONTACT NAME		TITLE			
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Batch   Real Time   Effective Date	PHONE NUMBER FAX NUMBER			EMAIL ADDRESS (REQUIRED)				
Batch Real Time Effective Date    Electronic Transactions	Transaction Version:	4010A1 or 5010						
Electronic Transactions  HTTPS  FTP  SOAP  SOAP*  SOAP*  Eligibility Inquiry - 270/271  Claims Inquiry - 276/277  Auth. & Referral - 278  Electronic Remit - 835 (Par providers only)  Institutional Claims - 837P  Dental Claims - 837P  Dental Claims - 837D (5010 version only)  *must be CAQH/CORE certified  Type of Sender: Provider Clearinghouse Billing Service  Sender/Receiver ID (Federal Tax ID):  Date  Print Name/Title (Required)  Authorized Signature (Required)			Connectivity Method					
Eligibility Inquiry – 270/271  Claims Inquiry – 276/277  Auth. & Referral – 278  Electronic Remit – 835 (Par providers only)  Institutional Claims – 8371  Professional Claims – 837P  Dental Claims – 837D (5010 version only)  *must be CAQH/CORE certified  Type of Sender: Provider Clearinghouse Billing Service  Sender/Receiver ID (Federal Tax ID):  Date Print Name/Title (Required)  Authorized Signature (Required)			Batch		Real Time	Effective Date		
Claims Inquiry – 276/277  Auth. & Referral – 278  Electronic Remit – 835 (Par providers only)  Institutional Claims – 8371  Professional Claims – 837P  Dental Claims – 837D (5010 version only)  *must be CAQH/CORE certified  Type of Sender: Provider Clearinghouse Billing Service  Sender/Receiver ID (Federal Tax ID):  Date Print Name/Title (Required)  Authorized Signature (Required)	Electronic Transactions	HTTPS	HTTPS FT		SOAP*			
Auth. & Referral – 278  Electronic Remit – 835 (Par providers only)  Institutional Claims – 8371  Professional Claims – 837P  Dental Claims – 837D (5010 version only)  *must be CAQH/CORE certified  Type of Sender: Provider Clearinghouse Billing Service  Sender/Receiver ID (Federal Tax ID):  Date Print Name/Title (Required)  Authorized Signature (Required)	Eligibility Inquiry – 270/271							
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Institutional Claims – 837I	Auth. & Referral – 278							
Professional Claims – 837P  Dental Claims – 837D (5010 version only)  *must be CAQH/CORE certified  Type of Sender: Provider Clearinghouse Billing Service  Sender/Receiver ID (Federal Tax ID):								
Dental Claims – 837D (5010 version only)  *must be CAQH/CORE certified  Type of Sender: Provider Clearinghouse Billing Service  Sender/Receiver ID (Federal Tax ID):	Institutional Claims – 8371							
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● Type of Sender:       Provider       Clearinghouse       Billing Service         ● Sender/Receiver ID (Federal Tax ID):       Authorized Signature (Required)								
Sender/Receiver ID (Federal Tax ID):  Date  Print Name/Title (Required)  Authorized Signature (Required)	*must be CAQH/CORE certific	ed	•	•				
	_		use Billing S	Service				

