



Instructions for Completing BCBSNC Electronic Connectivity Request

1. Print entire document
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.

PROVIDER NAME		NATIONAL PROVIDER ID	
BUSINESS NAME			
CONTACT NAME		TITLE	
PHYSICAL ADDRESS (PO BOX NOT ALLOWED)		CITY	STATE ZIP CODE
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS (REQUIRED)	

SOFTWARE VENDOR/CLEARINGHOUSE NAME		CONTACT NAME		TITLE
MAIL ADDRESS		CITY	STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS (REQUIRED)		

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

Transaction Version: ☐ 4010A1 or ☐ 5010

Electronic Transactions	Connectivity Method				Effective Date
	Batch			Real Time	
	HTTPS	FTP	SOAP	SOAP*	
Eligibility Inquiry – 270/271					
Claims Inquiry – 276/277					
Auth. & Referral – 278					
Electronic Remit – 835 (Par providers only)					
Institutional Claims – 837I					
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) _____

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