

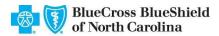
Demographic Change Form

Complete this form when updating the billing, practice, and contractual notice demographic information for a group or solo provider. Email the completed form(s) to ProviderUpdates@bcbsnc.com or fax to 919-287-8884.

Is the completion of this form a response to a Provider Outreach regarding your directory information?

Yes No					
Effective Date of Char This date should not be	•	from the submission	n of this	s form.	
Legal Name:					
Tax Identification Nun	nber (TIN):				
National Provider Ide	ntifier (NPI)				
Individual NPI:		Group NPI:			
Medicare Provider #: Required for Blue Medicare		CLIA # (if applicable): Please attach most recent copy			
Blue Medicare Mailing Address where you will re					
Street Address/PO Box	City	State	Zip	County	
Billing Address: Address where you will re	eceive checks, billing info	ormation and general o	corresp	ondence.	
Street Address/PO Box	City	State	Zip	County	





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Practice Address:

Street address of facility/office where services are rendered. (Roster required for new locations)

Street Address/PO Box	City	State Zip	County		
Appointment/Patient Phone Number		Fax Number			
**If the above address address it is replacing	s is replacing an address that is g below:	s currently on file, p	lease advise what		
Street Address/PO Box	City	State Zip	County		
Appointment/Patient Phone Number		Fax Number			
Contractual Notice A Address where contract BCBSNC must be recei	tual notices and other communicat	tions regarding the pr	ovider agreement with		
☐ No Change	☐ Same as Billing Address	☐ Same as	☐ Same as Practice Address		
Street Address/PO Box	City	State Zip	County		
Contractual Notice I Name of authorized per provider agreement with	son who may receive contractual	notices and other con	nmunications regarding the		
Practice E-Mail Add Allows us to quickly disa	ress:seminate important information to	provider practices			
Post Service – Medi	cal Record Request: Fax numl	per or mailing address			

Signature of Physician, Practice Manager, or Authorized Representative

Date





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General Updates:

Practice Manager/Physician may download this form and e-mail to BCBSNC at ProviderUpdates@bcbsnc.com or fax to BCBSNC 919-287-8884.

Contractual Notice Updates:

Only persons authorized to update or amend your provider agreement with us may update the Notice Contact address, as this is a contractual requirement. Please email contractual notice updates to ProviderUpdates@bcbsnc.com_or fax to Network Management Operations at 919-765-4349.

Provider Demographic Form

It is a participating provider's/group's contractual obligation to notify Blue Cross and Blue Shield of North Carolina (BCBSNC) of any change in demographic information. This is critical to ensure BCBSNC and Blue Medicare HMO and Blue Medicare PPO members can access care through your practice by displaying the correct demographic information in the Provider Directory.

Blue Medicare Mailing/Correspondence Address

It is imperative that your practice specify where you would like to receive mailings specific to Blue Medicare. Blue Medicare correspondence can include information regarding membership and claim adjustments/requirements; information that may have a great impact on your relationship with our members.

Notice Contact - What is it?

For non-Medicare provider agreements, the Notice Contact is the name or title and address that you and BCBSNC are required to use to send certain notices regarding your provider agreement. This address is the "Notice Contact" listed in your agreement with us. Your Commercial agreement with us must contain a "Notice Contact" provision listing the name or title and address of the person to whom contractual notices and other communications regarding our agreement shall be sent.

Some notices must be sent in writing. Other notices may be sent electronically. See your provider agreement and the provider manual for more details. The "Notice Contact" may be different from your billing address and physical address. It is a participating provider's/group's contractual obligation to notify BCBSNC of any change to the Notice Contact.

You may update the Notice Contact identified in your agreement with us by filling out this form and sending it to us. We accept e-mails, faxes, or hard copies. Only persons authorized to update or amend your provider agreement with us may complete this form, as this is a contractual requirement.

