

TRADING PARTNER CHANGE FORM

Blue Cross and Blue Shield of Nebraska
 P.O. Box 3248
 Omaha, NE 68180-0001

Fax: (402) 392-4112
 Support Center: 402-398-3603
 Toll Free: 888-233-8351

Trading Partner # _____

Reason for Change: Add new physician/hospital number Change of Provider number
 Change of Trading Partner Information

Trading Partner Name _____ Tax ID _____

Contact Person _____ Phone # (____) ____ - ____

E-mail Address _____ Fax # (____) ____ - ____

Street Address _____

City _____ State ____ Zip ____ - ____

Professional
 Blue Shield Numbers

Group/ Firm#	Indiv. Phys.#	PHYSICIAN/PROVIDER NAME	Date to be added

Hospital Numbers

BCBSNE	Medicare A	PROVIDER NAME	Date to be added

Completed by: _____ Date: _____