



TRADING PARTNER REGISTRATION

This form is available on www.bcsne.com by clicking on the green Provider tab and then by clicking on NEBLUEconnect in the left column to select Product & Services in the drop-down menu.

Help Desk: 402-398-3603
Toll Free: 888-233-8351

FAX: Howard Jones at 402-343-3457
Sean Blair at 402-392-4139

Submitting Organization Information:

Organization Name _____ Tax ID _____
Contact Person _____ Phone # () _____ - _____
E-mail Address _____ Fax # () _____ - _____
Street Address _____
City _____ State _____ Zip _____ - _____

Submitter Number:

If you currently submit Blue Cross Blue Shield claims electronically through BCBSNE, please enter your Submitter # (your 7-digit number that usually begins with "11" or "13").

BCBSNE Submitter # _____

Client Information

Fill out this section if you are billing on behalf of another organization

Client Name _____
Client Address _____
City _____ State _____ Zip _____ - _____
Client Contact _____ Phone # () _____ - _____
E-mail Address _____ Fax # () _____ - _____
"Go-live Date" _____

PC-ACE is free software BCBSNE provides for you to use to send electronic to BCBSNE or WPS Medicare. If your practice management system cannot generate a HIPAA compliant 837 claim file, you will most likely need PC-ACE.

Do you need PC-ACE?

Yes No

Disregard this page unless you submit institutional claims (837I in the HIPAA format, UB04 in the paper format).

New Direct Submitter – please complete the entire grid.

Change Only – indicate the new number(s).

Hospital Configuration Information:

Type	Blue Cross #	NPI Number #	Tax ID #
Acute Care			
Skilled Nursing			
Swing Bed			
Home Health			
CDU			
Psych			
Rehab Center			
Outpatient			
CAH – Acute			
CAH – SNF			
Other			

