BlueCross BlueShield Nebraska

Electronic Funds Transfer Enrollment Request

To streamline the reimbursement process, please complete the following form to enroll in electronic funds transfer (EFT). Please remember that accurate information is vital to receiving payment notifications.

Practice Information

Name: _____

Tax ID: | | | | | | | | | | NPI: | | | | | | | | | | | ☐ Check if NPI Type II

Contact Name: _____ Email: _____

Phone Number: _____ Fax: _____

Office Address: _____ City: _____ State: _____ ZIP: _____

Billing Address: _____ City: _____ State: _____ ZIP: _____

Printed name and role of requesting party _____

Banking Information

Requests **MUST INCLUDE** a voided check and/or bank letter to assist with the validation process.

☐ **New** EFT Enrollment ☐ **Update** to Existing EFT Information **EFT Effective Date:** (date cannot be retroactive) _____

Bank Name: _____

Account Type: ☐ Checking ☐ Savings

Address: _____ City: _____ State: _____ ZIP: _____

Routing Number | | | | | | | | | | Account Number: _____

Routing information is nine digits on a CHECK - not a deposit slip.

Please send completed forms with attachments to:
Email: ProviderServicesOperationsSupport@NebraskaBlue.com
Fax: 402-343-3457

Questions?
Contact Provider Executives 402-982-7711 or visit NebraskaBlue.com/Providers

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