BlueCross BlueShield Nebraska

Electronic Funds Transfer Enrollment Request

Please select: ☐ **New** EFT Enrollment ☐ **Update** to Existing EFT Information

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. Please select which has been included.

☐ Voided Check ☐ Bank Letter

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.

If updating existing EFT information, please provide current EFT information.

Current Bank Name: _____

Current Account Type: ☐ Checking ☐ Savings

Routing Number ☐☐☐☐☐☐☐☐☐ Account Number: _____

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

Questions?
Contact Provider Executives 877-435-7258 or visit NebraskaBlue.com/Providers

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