



# Trading Partner Registration

You must register as a Trading Partner to conduct electronic business with Blue Cross and Blue Shield of Nebraska (BCBSNE). The only exception is if your electronic transactions are processed through a clearinghouse, in which case registration would not be required.

*Internal use only:* Upon completion of registration enter Trading Partner Number:

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## Submitting Organization Information

Organization Name: \_\_\_\_\_ Tax ID: 

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Email: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## Client Information

*This section should be completed if you are billing on behalf of another person or organization*

Client Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Client Email: \_\_\_\_\_ Client Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## Institutional Claim Transaction Information

*Complete this section if you submit institutional claim transactions to BCBSNE, including either the 837I electronic claim format, or UB04 paper claim format.*

***New Direct Submitters please complete the ENTIRE GRID. If only submitting updated information, indicate your updated information in the applicable fields.***

TYPE	NPI NUMBER	TAX ID NUMBER (EIN)
Acute Care		
Skilled Nursing		
Swing Bed		
Home Health		
CDU		
Psych		
Rehab Center		
Outpatient		
CAH - Acute		
CAH - SNF		
Other		

**Professional Claim Transaction Information**

Complete this section if you submit professional claim transactions with BCBSNE, including either the 837P/837D electronic claim format (professional medical and professional dental), or CMS-1500/ADA paper claim format.

Provider's Name First, Middle Initial, Last	Tax ID (EIN)	Individual NPI	Group NPI	Group BCBSNE

The most-recent version of this form can always be found on our provider website: [NebraskaBlue.com/Providers](http://NebraskaBlue.com/Providers). We highly encourage you to retrieve this (and any other) form directly from the website rather than downloading and saving a copy locally to your computer; at times we must update these forms to meet the most-recent business and compliance needs, leaving us unable to process any outdated forms we receive.

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