



Trading Partner Registration

Registering as a Trading Partner is required to conduct electronic business with Blue Cross and Blue Shield of Nebraska (BCBSNE). This Registration would not be required if your electronic transactions are processed via a clearing house.

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

Submitting Organization Information

Organization Name: _____ Tax ID:

Email: _____ Contact Name: _____

Phone: _____ Fax: _____ Contact Notes: _____

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

Client Information

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

Client Name: _____ "Go Live" Date: _____

Client E-Mail: _____ Client Contact: _____

Phone: _____ Fax: _____ Contact Notes: _____

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

Institutional Claim Transaction Information

Complete this section if you submit Institutional Claim transactions to BCBSNE. This would include either the 837I electronic claim format, or the 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. This would include either the 837P/837D electronic claim format (professional medical and professional dental), or the 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. 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 out-dated forms that we receive.

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