

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: Upo	n completion of registration e	enter Trading Partner Number				
Submitting Organ	ization Information					
Organization Name:		Tax ID:				
Email:		Contact Name:	Contact Name:			
Phone:	Fax:	Contact Notes:				
Address:		City:	State:	ZIP:		
Client Information	1					
This section should be comp	pleted if you are billing on behal	lf of another person or organizatio	n			
Client Name:		"Go Live" Date:				
Client E-Mail:		Client Contact:				
Phone:	Fax:	Contact Note:	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		



Trading Partner Registration Continued

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