



# 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