



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		

