
Blue Cross Blue Shield - Nebraska Enrollment Instructions – Professional Claims and ERA

- ✓ **BEFORE enrolling, you MUST have a Practice Insight EDI customer account # with billing provider record added.** Please contact your EDI solutions reseller to confirm your EDI account setup.
- ✓ **Make sure all required information is complete and accurate.** Recheck provider numbers to be sure they are valid and accurate. Invalid or incorrect provider IDs will cause the enrollment to be delayed or rejected.
- ✓ **Keep a copy of the completed enrollment pages.** Note the date and method of submission. Keep a copy of the completed request in case you should need to follow up or resubmit.

**FAX COMPLETED REQUEST FORMS TO-
BCBS Nebraska, 402-343-3457**

837 - CLAIMS Initial Provider Enrollment (New) or Re-Enrollment (Change of Service)

If the provider has NOT submitted claims electronically to this payer or if the provider HAS SUBMITTED electronic claims to this payer VIA ANOTHER CLEARINGHOUSE, and they now want to submit via Practice Insight, the provider must complete this form:

1. Trading Partner Registration Form (2 pages)
 - Complete Client Information section of page 1.
 - Complete Professional Configuration Information section if there are multiple providers on page 2.

835 - ERAs Electronic Remittance Request (New) or (Change of Service)

If the provider wishes to authorize Practice Insight to retrieve 835 ERA files, the provider must complete this form:

1. Electronic Remittance Advice and Electronic Funds Transfer Form (1 page)
 - Indicate at top of form if New enrollment or Change of enrollment.
 - Complete Practice Information and EFT Information.

ALLOW 2-4 WEEKS FOR PROCESSING

If it has been over 30 days since request was submitted and you have not yet received confirmation of enrollment, contact your reseller or software support vendor for assistance or call BCBS Nebraska edi dept at 1-888-233-8351.



TRADING PARTNER REGISTRATION

This form is available on www.nebraskablue.com by clicking on the Providers link and then by clicking on EDI Enrollment link under NEBLUEconnect in the left column.

Help Desk: 402-398-3603 FAX: Howard Jones at 402-343-3457 Toll Free: 888-233-8351 Sean Blair at 402-392-4139

Submitting Organization Information:

Organization Name _____ Tax ID _____

Contact Person _____ Phone # () _____ - _____

E-mail Address _____ Fax # () _____ - _____

Street Address _____

City _____ State _____ Zip _____ - _____

Submitter Number:

If you currently submit Blue Cross Blue Shield claims electronically through BCBSNE, please enter your Submitter # (your 7-digit number that usually begins with "11" or "13").

BCBSNE Submitter # _____

Client Information

Fill out this section if you are billing on behalf of another organization

Client Name _____

Client Address _____

City _____ State _____ Zip _____ - _____

Client Contact _____ Phone # () _____ - _____

E-mail Address _____ Fax # () _____ - _____

“Go-live Date” _____



**BlueCross BlueShield
of Nebraska**

An Independent Licensee of the Blue Cross and Blue Shield Association.

Electronic Remittance Advice and Electronic Funds Transfer Enrollment Form

GoGreenWith**BLUE**

Please complete the following information. *(Incomplete fields may result in processing delays.)*

Fax or e-mail form to: **Sean Blair** (serves offices in Omaha and South of I-80)
(402) 392-4139 or sean.blair@bcbsne.com

Josh Wiens (serves offices in Lincoln and North of I-80)
(402) 343-3457 or josh.wiens@bcbsne.com

Please check the appropriate box: Enroll Change

PRACTICE INFORMATION	
Name: _____	Tax Identification Number (TIN): _____
Contact Name: _____	E-mail Address: _____
Phone Number: (_____) _____	Fax Number: (_____) _____
Primary Service Address _____ _____ _____	Primary Billing Address _____ _____ _____

ELECTRONIC REMITTANCE ADVICE (ERA)	<input type="checkbox"/> I AM APPLYING FOR ERA
Vendor/Clearinghouse Name (who you are working with to receive your ERA File): _____	
Vendor/Clearinghouse Contact Name: _____	
E-mail Address: _____	Contact Phone Number: (_____) _____
OR	
<input type="checkbox"/> I am not working with a Vendor/Clearinghouse and prefer to receive my remit directly.	
If you are a direct submitter, please indicate your Trading Partner Number: _____	
Do you want our FREE ERA Software, BPERS? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ELECTRONIC FUNDS TRANSFER (EFT)	<input type="checkbox"/> I AM APPLYING FOR EFT
Bank Name: _____	Address: _____
Bank Routing Number (9-digits found on check, NOT deposit slip): _____	
Account Number: _____	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Signature: _____	

QUESTIONS? PLEASE CONTACT:

Sean Blair (serves offices in Omaha and South of I-80)
Phone: (402) 392-4205 or (888) 233-8351 (options 4, 1)
E-mail: sean.blair@bcbsne.com

Josh Wiens (serves offices in Lincoln and North of I-80)
Phone: (402) 982-8727 or (888) 233-8351 (options 4, 2)
E-mail: josh.wiens@bcbsne.com

Reset Form

Internal use only:
