

An independent licensee of the Blue Cross and Blue Shield Association

## Post Service Medical Records Fax Sign-up Form

Dear Provider,

BlueCross BlueShield of North Carolina, is always striving to improve our business processes and communication with you. Do you know that you have the opportunity to receive post service medical records requests and submit medical records to us through fax? This is a free service for BCBSNC providers who have an active Provider NPI#.

BCBSNC's post claim medical record process leverages a bar-coded cover sheet designed to improve the timeliness of claims processing and reduce or eliminate the costs and delay associated with traditional mail or certified mailing.

You may use this form for one of two reasons:

	• •	. If you're interested in taking advantage of the fax service, mark "New te the remainder of the form so we may add you to our system.
>	Your Fax information may no longer be valid in our system. Mark "Change Request" below and complete the remainder of the form so we may make the necessary updates to your file.	
	New Request	Change Request
*Pı	rovider Name:	
*C	ontact Full Name:	
*C	ontact Number:	

Please fax the completed form *separately* to **1-866-312-6368.** Once we set you up in our system, you will begin to receive the post service bar-coded medical record requests. You will need to fax the bar-coded cover sheet followed by the medical records following the instructions on the cover page.

Other post service medical record information can be found at:

https://www.bluecrossnc.com/providers/claims-appeals-inquiries/medical-record-submission

Thank you for your consideration.

\*Fax Number:

\*Provider NPI Number(s):