

Maryland Blue Cross Blue Shield

Complete form and fax to:

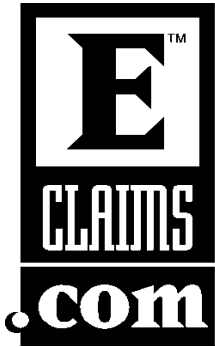
Eclaims

Attention: Enrollment

Fax: 206-666-3955

Blank forms may be copied.

Call LTC at (888) 941-8967 if you have questions.



**MARYLAND
BLUE CROSS BLUE SHIELD (CAREFIRST)**

To transmit claims to the above payer, please note the following:

- There are no enrollment forms for Maryland BCBS. However, if you wish to transmit electronic claims through EClaims, you must have a valid Maryland BCBS provider number. If you are unsure of the status of your provider number, or if you do not have a provider number, please contact Maryland BCBS's Electronic Claims Department.
- You may fax this completed setup form to (206) 666-3955.

Individual Provider Number _____

Group Number _____

EClaims must have your provider number(s) in our system before your claims can be processed electronically. Your claims will be processed as paper claims until the setup is completed. EClaims will notify you once this has been completed.

If you have any questions, or would like to check on the status of this setup, please contact Client Services at (626) 549-4517.

Important - Required Information:
Federal Tax ID Number

Provider/Group Name:

I acknowledge that I have read and understand the above directions.

Signature _____

Forms with no signature will not be processed.

Sales 888-576-0800 * Client Services 626-549-4517 * Fax 206-666-3955
PO Box 9 Kearney, NE 68848
www2@eclaims.com * sales@eclaims.com * memberservices@eclaims.com