

SECURE FILE GATEWAY (SFG) REQUEST FOR ACCESS

I. PROVIDER / VENDOR INFORMATION - PLEASE PRINT LEGIBLY

Provider Name: _____ Provider NPI: _____

Vendor Name: _____

Tax Identification Number: _____
(Required)

Contact Name: _____ Phone : _____ Fax: _____

Your User ID's and Passwords will be faxed to the fax number listed above; if the fax number is left blank, the confirmation will be sent to the mailing address on file.

II. SECURE FILE GATEWAY (SFG) MAILBOX INFORMATION

List existing mailboxes (Ex. UBAAA, PTAAA, ECAAA)

Reports Mailbox Name: _____ Remits Mailbox Name: _____

III. USER ACCESS - PLEASE PRINT LEGIBLY

Please list **all individuals** who will be accessing BlueCross BlueShield of Tennessee systems. If more space is needed, please make additional copies of this page. It is the responsibility of the client to notify BlueCross BlueShield of Tennessee when an individual listed below leaves the employment of the client or has a legal name change. Failure to do so may result in the agreement being terminated.

Individual Names (New Users Only) - All fields required to set up USERS

Account Type	First Name and Last Name	Phone #	Email Address (Required)
<input type="checkbox"/> Batch ID			
ONLY 1 BATCH ID PER MAILBOX			
<input type="checkbox"/> Individual ID			
<input type="checkbox"/> Individual ID			
<input type="checkbox"/> Individual ID			

NOTE: To revoke an individual's access, please fax a request on provider's letterhead to (423) 535-7523 noting the name(s) to be removed, the tax ID number and Secure File Gateway (SFG) mailbox to which they have access

IV. ELECTRONIC TRANSMISSION ACKNOWLEDGEMENT

The client sending and/or receiving data will:

Maintain adequate security procedures to prevent unauthorized access to data, data transmissions, security access codes, backup files or source documents. Maintain complete accurate and unaltered copies of all Source Documents from all Data Transmissions for no less than six (6) years. Provide information, documents and other cooperation necessary to assist BlueCross BlueShield of Tennessee in research as it pertains to problem resolution. Hold BlueCross BlueShield of Tennessee harmless from any and all claims, actions, damages, liabilities, cost, or expenses, including, without limitation, reasonable attorneys' fees, arising out of any act or omission of performance by provider, provider's employees or business associates. Understand It is the provider's responsibility to obtain and review all electronic reports to ensure proper receipt of claims by BlueCross BlueShield of Tennessee. An electronic control number (ECTN) is issued for each EDI claim received and serves as the receipt confirmation. Understand it is the provider and submitter's responsibility to retrieve the BlueCross BlueShield of Tennessee 277CA files and review them for any claims rejections needing to be corrected and resubmitted. Understand that any assigned individual User IDs should not be shared, should be used only by that individual. **HTTPS Protocol (Individual Account) should not be hard-coded into any system or script.** Provider's User ID and password serves as their electronic signature and the provider will be liable for improper sharing including any illegal acts when using password. User ID and password are not part of the provider's capital property and should not be given to the new owner of that operation. A new owner must obtain their own User ID and password.

Please sign indicating your acceptance of the Electronic Transmission Acknowledgement.

Name (Please Print): _____ Position: _____

Signature: _____ Date: _____
(Required)

All information contained in this profile will remain in effect unless otherwise notified.

Please Fax to: (423) 535-7523,
Email: eBusiness_sysconfig@bcbst.com
or Mail to:

BlueCross BlueShield of Tennessee
Attn: Provider Network Service
1 Cameron Hill Circle, Ste 0007
Chattanooga, TN 37402-0007