



BlueCross BlueShield
of Texas

Instructions for adding communications email address(es) using Demographic Change Form to receive:

- Monthly Blue Review
newsletter
- Urgent Information email
blasts

User Guide

1. Complete the provider's information on page one of the [Demographic Change Form](#). Note that required fields are marked with **red***.
2. Choose **next button** at bottom right of page to move to page 2 of entry form.

Change Existing Demographic Information

Identification Information
* indicates required field

* Type of Provider: Individual Provider Locum Tenens Group/Clinic Facility/Ancillary

Submitter Information

* First Name: _____

* Last Name: _____

* Telephone Number: _____ Ext: _____
Numeric digits only Numeric digits only

* Job Title/Position: _____

* Email Address: _____
you@example.com

Provider Information

* Name of Provider/Group: _____

* Tax ID Number: _____

Rendering NPI: _____

* Billing NPI Number: _____

* Type: Type 1 (Individual) Type 2 (Group)

Next

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3. Select "Other Provider Updates" in type of change box. Then select "next" button.

Change Existing Demographic Information

Type of Change

- Name
- NPI/Tax
- Office Physical Address
- Billing Address
- Credentialing Address
- Administrative Address
- Other Provider Updates

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4. Scroll to bottom of "Other Provider Updates" page. Indicate "Provider Communication email." Add the email address(es) in the "Additional Information Comments" box at the left bottom of the page. **You can add up to 10 provider email addresses.**

- 5. Enter effective date
- 6. Choose "Submit Form" button.

Residency Hospital Name: _____

Residency Period:
From _____ To _____

Ethnicity: _____

Additional Information Comments

Effective Date of Change

Attach Documentation:
Note: combined file sizes cannot exceed 25MB. File formats accepted: .bmp, .doc, .docx, .gif, .png, .jpg, .tif, .xls, .xlsx. User can select only up to 5 total files per request type.

Combined file size = 0.0 MB
 No file chosen

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