



A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Thank you for your interest in the Provider Secured Services portal on the Blue Cross Blue Shield of Michigan website, **bcbsm.com**. Your application is attached to this e-mail along with the Use and Protection Agreement.

The application needs to be signed by an individual with legal signing authority, with their job title noted. Also, please list all the employees who will be using the Provider Secured Services Portal. There is no limit to the number of ID's that can be given to each office.

By completing the attached application and the Use and Protection Agreement you understand that each employee must have his or her own secure Web ID and that the sharing of ID's is prohibited.

Please complete the application and the Use and the Agreement and fax back to 800-495-0812.

You can also mail them to:

Blue Cross Blue Shield of Michigan
53200 Grand River Ave. Mail Code L830
New Hudson, MI 48165 —

If you have any questions, please call the Blue Web Support Help Desk at 877-258-3932, 8:00 a.m. to 8:00 p.m. Eastern Standard Time.

Thank you.



**Blue Cross
Blue Shield
Blue Care Network**
of Michigan
Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Michigan Medicaid and Medicare Secured Eligibility Access Application
USERS CANNOT TAKE THEIR IDs TO OTHER PRACTICES/LOCATIONS
(MUST BE LOCATED IN MICHIGAN)

Web-DENIS

Internet Claims Submission

Practice Name (where users are located)	Contact Person		
Street Address and Suite Number (address where users are located)	City	State	Zip Code
Contact Person's Telephone and Extension ()	Email Address to Receive Assigned Web-DENIS ID(s)		

Do You Submit Claims Electronically? Yes <input type="checkbox"/> No <input type="checkbox"/>	Tax ID:
--	---------

Specialty of office _____	If Your Office Accesses Web-DENIS, List Your Current Web-DENIS ID _____
Does Your Office Have Access To Web-DENIS? Yes <input type="checkbox"/> No <input type="checkbox"/>	If NO, You Must Complete The "Use and Protection Agreement"

TO VIEW AN EXAMPLE OF A SPECIFIC REQUIRED CODE, PLACE THE MOUSE POINTER IN THE CENTER OF THE INPUT FIELD BELOW.

Provider's Name				
Michigan Medicaid N.P.I.				
Medicare NPI				

TYPE THE NAME(S) OF THE INDIVIDUAL(S) REQUIRING WEB - DENIS SECURED ACCESS.
(All individuals using web-DENIS must be included below to receive their own user ID. web-DENIS user ID's may not be shared among the office staff)

Name (type in full legal name for each user)	Phone Number	For BCBSM Use Only
EXAMPLE: John B Doe	248 - 999 - 1234	

AUTHORIZATION FOR USE AND ACCESS

NOTE: If additional space is needed, attach a separate listing of the names for each user requiring secured access.

I hereby state the information provided on this application is correct and the provider codes listed pertain to my practice/facility only.

Provider Authorized Signature Do Not Use a Signature Stamp on the Line Above	Date
Type or Print Name of Authorized Signer	Signer's Title

IF YOU HAVE ANY QUESTIONS, PLEASE CALL 877 258 3932

On behalf of the representing entity the signer agrees that they have the company's designated authority. User IDs may not be shared. The signer has authorized each individual employee to access Blue Cross Blue Shield secured Provider Portal. Signer and their authorized Users agree:-

1. To use the data obtained only in the manner specified by Blue Cross Blue Shield of Michigan (BCBSM) applicable agreements;
2. To certify any data obtained or submitted shall be for services performed by or under direct supervision of the Provider/ Facility named above; and
3. To assure the information obtained or transmitted shall be confidential and used only for the purpose of transacting BCBSM or Michigan Medicaid business.

Fax or mail application to: Blue Cross Blue Shield of Michigan 53200 Grand River Mail Code L830 New Hudson, MI 48165 Fax #: 800 - 495 - 0812	(For BCBSM use only) Secured Access ID# _____ COMMENTS: _____
---	--