



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

Powered by Salesforce™

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

The screenshot shows a web form titled "Change Existing Demographic Information". Under the heading "Type of Change", there is a list of options: Name, NPI/Tax, Office Physical Address, Billing Address, Credentialing Address, Administrative Address, and Other Provider Updates. The "Other Provider Updates" option is selected and highlighted with a yellow background. At the bottom of the form, there are two blue buttons: "Back" on the left and "Next" on the right. A red arrow points from the "Next" button towards the right side of the page. Below the buttons, it says "Powered by Salsitza™".

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.

The screenshot shows the bottom portion of the form. It includes fields for "Residency Hospital Name:", "Residency Period:" (with "From" and "To" date pickers), and "Ethnicity:". Below these are three highlighted yellow boxes: "Additional Information Comments" (with a text area), "Effective Date of Change:" (with a date picker), and "Attach Documentation:" (with a "Choose File" button and "No file chosen" text). Below the "Attach Documentation" section, it says "Combined file size = 0.0 MB" and "Add another file". At the bottom, there are two blue buttons: "Back" on the left and "Submit Form" on the right. A red arrow points from the "Submit Form" button towards the right side of the page.