

## Provider Information Management & Operations (PRIMO)

### TAX ID CHANGES & LEGAL NAME CHANGES

This document will explain the appropriate means to submit a Tax ID or Legal Name change request to Blue Cross and Blue Shield of North Carolina.

Requests can be emailed to [providerupdates@bcbsnc.com](mailto:providerupdates@bcbsnc.com) or faxed to 919-765-4349.

Normal processing time can vary between requests sent to Commercial or Blue Medicare. Average processing time will be between 10 to 30 business days.

Complete provider details (e.g. Name, NPI, IRS Number, Locations, Medicare Number) and the effective date must be provided.

**Notice:** Incomplete requests will not be accepted for processing. Requests that are incomplete or are missing information will be returned to sender. The request will need to be resubmitted with complete information to be processed.

Step	Action
<b>1</b>	<b>Tax ID Change with No Legal Name Change</b> <ul style="list-style-type: none"><li>A. Completed Demographic Form or Request on Letterhead</li><li>B. Updated W9</li><li>C. Request should be submitted 30 days prior to the termination date</li><li>D. For Participating Groups a new EFT form will be required</li></ul>
<b>2</b>	<b>Legal Name Change</b> <ul style="list-style-type: none"><li>A. Completed Demographic Form or Request on Letterhead</li><li>B. Updated W9</li><li>C. For Contracted Participating Groups<ul style="list-style-type: none"><li>1. A new contract or contract amendment will be required</li><li>2. The legal name change must be on file with the IRS for validation</li></ul></li><li>D. Request should be submitted 60 days prior to the effective date</li></ul>
<b>3</b>	<b>Tax ID and Legal Name Changing due to a Merger or Acquisition</b> <ul style="list-style-type: none"><li>A. Completed Group Enrollment Application</li><li>B. Updated W9</li><li>C. Termination Letter or Bill of Sale from previous owner</li><li>D. Individual Enrollment Applications for all practitioners who are not currently active in BCBSNC</li><li>E. Current Medical License for practitioners who are not currently active in BCBSNC</li><li>F. For Participating Groups a new EFT form will be required</li><li>G. For Contracted Participating Groups<ul style="list-style-type: none"><li>a. Current Contract must support specialty of new practice</li><li>b. All practitioners must be credentialed (if applicable) in order to be enrolled</li></ul></li></ul>

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- c. It may be required that a new contract or contract amendment must be signed prior to making the above changes. This may impact the effective date requested.
- H. Request should be submitted 60 days prior to the effective date

**In the event you have any questions or need assistance please call 1-800-777-1643 opt 6.**