



CareCalc[®] Access Registration Form

This form enables physicians and providers to request access to CareCalc[®] from Blue Cross and Blue Shield of Florida (BCBSF). Accessed through the Availity^{®1} Health Information Network Eligibility and Benefits Inquiry, CareCalc provides a detailed estimate of a patient's financial responsibility. CareCalc is available to most professional providers and to Acute Care General Hospitals and Ambulatory Surgical Centers for select outpatient services. CareCalc is not available to Transportation Specialists, Dentists, Nursing Professionals, Pharmacies, and Anesthesiologists. To learn more about CareCalc, visit our website at www.bcbsfl.com and search by keyword: CareCalc. Note: Please complete this form online before printing and faxing it to BCBSF.

Completion Instructions

Section A: Type of Request (Please choose only one.)

- Initial Request – Check the Initial Request box to receive CareCalc access as a new user.
- Change – Check the Change box to modify existing information such as add/delete a provider.

Section B: Provider Type

- Professional Association (PA) Group – Check this box if you represent a professional group of providers. Please be sure to list all individual BCBSF providers' numbers for which you are requesting access.
- Professional Solo Practice – Check this box if you represent an individual provider.
- Facility/Institution – Check this box if you represent a hospital, facility or institution.

Section C: Provider Information

- Provider Name – List the provider name for the applicable Professional Association Group, Professional Solo Practice or Facility/Institution.
- BCBSF Provider Number – List the 3- or 5-digit provider number.
- National Provider Identifier (NPI) – List the 10-digit NPI.
- Federal Tax ID Number – List the tax ID number.
- Sender ID or Payer Site Identifier – List the sender ID.

Section D: Providers in Practice (If applicable)

- Complete this section only if requesting access for a Professional Association (PA) Group.
- Enter all BCBSF provider numbers that apply in the space provided.

Section E: Contact Information and Attestation

- Complete this section with your contact information and sign the form.

¹Availity, L.L.C., is a multi-payer, joint-venture company. For more information or to register, visit Availity's website at www.availity.com.



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Section A: Type of Request (Please choose only one.)

- Initial Change (Add/Remove Provider)

Section B: Provider Type

- Professional Association (PA) Group Professional Solo Practice Facility/Institution

Section C: Provider Information

Provider Name: _____

BCBSF Provider Number: _____

National Provider Identifier (NPI): _____

Federal Tax ID Number: _____

Sender ID or Payer Site Identifier: _____

Note: To obtain your sender identification number, have your Primary Access Administrator (PAA) log into the Availity Health Information Network and access the *Account Administration* section. Select the *Overall Security Profile*. In the *Active Access Identifiers* section, you can locate the 5-digit BCBSF sender identification number (begins with the letter G or H).

Section D: Providers in Practice (For PA Groups only)

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Note: To obtain access for more than 25 provider numbers, fax another sheet listing all applicable provider numbers with this form.

Section E: Contact Information and Attestation

I represent _____ (Name of Practice) and agree that the information provided in this form is accurate to the best of my knowledge. I agree that all users of CareCalc will comply with Availity's Terms of Use in effect at the time of such usage.

Name: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

Signature: _____

Date: _____