

Provider Demographics Portal Update – eForm Submission Instructions

We've updated our **Demographic Changes Form** so that you can now submit the form electronically. Please use the following steps to access the new form.

Step 1: Go to <http://www.ExcellusBCBS.com/Provider> and log in with your Excellus BCBS credentials

Step 2: Click **Quick Links** and then **Update Practice Information**

Step 3: Select *Demographics Changes Form* to open the PDF

Step 4: Enter all changes into the form

New process:

Step 5: After completing changes, save the updated form to your computer

Step 6: Return to the **Update Your Practice Information** page, and click **Send to us electronically**.

Update Your Practice Information

Use the links below to update the individual or group practice information we have on record for you. We share this information with patients in our Provider Directories.

Click [here](#) for step-by-step instructions (PDF).


Step 1: Select the Provider Demographic Form

- [Demographic Changes Form](#) (PDF)

Step 2: Fill Out the Form & Save it to Your Computer

Step 3: Send to Us Electronically (requires [Login](#) to access) ?

This opens a new browser window to the eForm **Submit** page.



Submit

Please complete the form below and click 'Submit'. Fields marked with an * are required. We protect the privacy of your message with [SSL encryption](#).

Contact Information

Provider Name: *


Your Name: *

Your Phone Number: * (nnn-xxx-xxxx)

Email Address: *

Attach Document: [Attachment Note](#) Please click the 'Attach File' button to attach any related documentation. (in PDF or JPG format only)

[Attach File](#)

I'm not a robot 

[Submit](#) [Cancel](#) [Reset](#)

Copyright © 2017, Excellus BlueCross BlueShield, a nonprofit Independent Licensee of the Blue Cross Blue Shield Association

Step 7: Complete the required contact information (which should match the saved PDF form information) and then click the **Attach File** button. This opens another small window with instructions to attach the file.



Submit

Please complete the form below and click 'Submit'. Fields marked with an *

Contact Information

Provider Name: *


Your Name: *

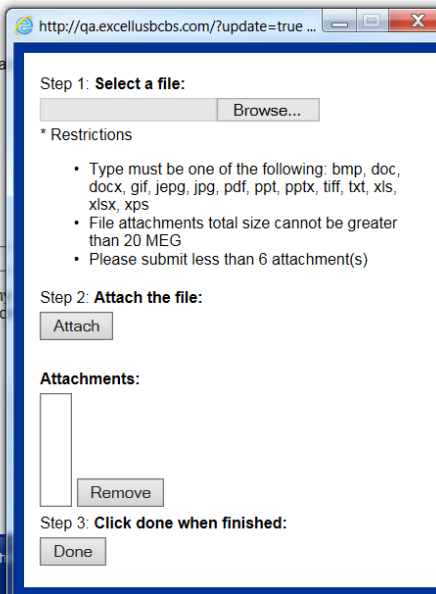
Your Phone Number: * (nnn-xxx-xxxx)

Email Address: *

Attach Document: Please click the 'Attach File' button to attach any related documentation. (in PDF or JPG format)

[Attachment Note](#)

I'm not a robot 



http://qa.excellusbcs.com/?update=true ...

Step 1: **Select a file:**

* Restrictions

- Type must be one of the following: bmp, doc, docx, gif, jpeg, jpg, pdf, ppt, pptx, tiff, txt, xls, xlsx, xps
- File attachments total size cannot be greater than 20 MEG
- Please submit less than 6 attachment(s)

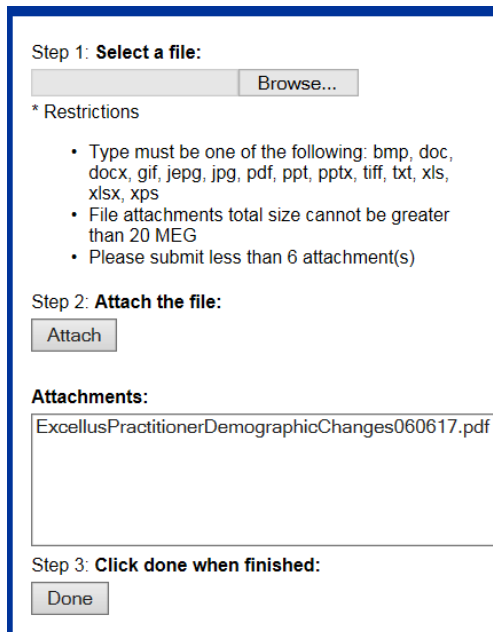
Step 2: **Attach the file:**

Attachments:

Step 3: **Click done when finished:**

Step 8: Click on **Browse** to search for the saved file

Step 9: Select the file, click **Open** and then click on the **Attach File** button. Use the **Attachments** window to verify the correct file is selected. Then, click **Done**.



Step 1: **Select a file:**

* Restrictions

- Type must be one of the following: bmp, doc, docx, gif, jpeg, jpg, pdf, ppt, pptx, tiff, txt, xls, xlsx, xps
- File attachments total size cannot be greater than 20 MEG
- Please submit less than 6 attachment(s)

Step 2: **Attach the file:**

Attachments:

ExcellusPractitionerDemographicChanges060617.pdf

Step 3: **Click done when finished:**

Step 10: When prompted, check the "I'm not a robot" box and follow the steps to complete the verification process. You will see a green check mark if completed correctly. Then, click **Submit** to send the attached form.