

## **Blue Cross & Blue Shield of Mississippi**

### **Complete form, sign and mail or fax original to:**

Blue Cross & Blue Shield of Mississippi, A Mutual Insurance Company

Attn: EDI Services

PO Box 1043

Jackson, MS 39215-1043

Fax: 601-936-5886

### **Blank forms may be copied.**

Call LTC at 888-941-8967 if you have questions.



**DENTAL ELECTRONIC CLAIMS INFORMATION  
Worksheet**

<b>CLEARINGHOUSE NAME:</b>	
<b>PROVIDER INFORMATION (PLEASE PRINT)</b>	
Provider Name	
Facility /Practice Name	
Address	
City, State, ZIP	
Contact Name	
Email Address	
Telephone	Fax

<b>IDENTIFICATION NUMBERS</b>	
TAX ID	Provider ID/NPI
Provider ID/NPI	Provider ID/NPI
Provider ID/NPI	Provider ID/NPI
Provider ID/NPI	Provider ID/NPI
Provider ID/NPI	Provider ID/NPI
Provider ID/NPI	Provider ID/NPI