

## Request To Turn Off Paper Remits

**TO BE COMPLETED BY PROVIDER**

Request Type (circle one):

Change Add Delete

Request Health Plan (mark "x" to indicate plan(s)):

BlueCross BlueShield of South Carolina

BlueChoice HealthPlan

Provider Name

Address

City

State

Zip

Contact Name

Contact Address

City

State

Zip

Contact Phone #

E-mail Address

Federal Tax ID

(base TIN)

-

(three digit suffix<es> for location<s>, Example: -001,-002, -005)

In order to turn off paper remits, you must be set up for Electronic Funds Transfer (EFT).

Provider Authorized Signature

Printed Name

Title

Date

Fax to: 803-264-4795