### What you'll need to get started:

- A designated Account Manager to register the account.
- Your Billing Service's\* Tax ID (TIN) and at least one TIN/Social Security number (SSN) for a provider you are requesting to represent.
  - You can add additional TINs/SSNs after you create the account.
- The Business Associate Agreement (BAA) date. This is the date on which the contract was signed with the provider you represent.

\* Billing services are hired by providers to handle billing and claims. They do not deliver healthcare services to members.

 Click Log In/Register in the upper right corner of the Provider Connection homepage (www.blueshieldca.com/provider).

The Welcome to Provider Connection screen displays.

- 2. Click Create account.
- 3. Select *Billing* as the account type and click **Continue**.

Welc	ome to Provi	der Connec	tion	
Log in		Register	as an account manage	er
Username		Creatin	g your Provider Connection account	
Q Username			should take about 5 minutes.	
Password		2	Create account	
C-> Password	Show (1)	To register yo • Your organiz	u'll need: ation's tax ID number	
Remember my username		The provider	tax IDs you'd like to represent	
Log in		You may also	need:	
		<ul> <li>A claim from</li> </ul>	the last 3 months for some tax IDs	
5		<ul> <li>A claim from</li> <li>The Busines each provide</li> </ul>	the last 3 months for some tax IDs s Associate Agreement (BAA) date for er	
Forgot your password?   Forgot your us	ername?	A claim from     The Busines     each provide <u>Are you an accou</u>	the last 3 months for some tax IUs s Associate Agreement (BAA) date for er int manager?   <u>Not an account manager</u>	<u>r?</u>
Eorgot your password?   Eorgot your us	ername?	A claim from     The Busines     each provide <u>Are you an accou</u>	the last 3 months for some tax IDs s Associate Agreement (BAA) date for ? int manager?   <u>Not an account manager</u>	<u>ur?</u>
Eargot your password?   Eargot your us	emame?	A claim from     The Busines     each provide     Are you an account	the last a months for some tax IDS Associate Agreement (BAA) date for er	<u>r?</u>
Eorgot your password?   Eorgot your us	ername? 2 Tax ID numbers Co	A claim from     The Busines     each provide <u>Are you an account</u>	the last 3 months for some tax IDS s Associate Agreement (BAA) date for if int manager?   Not an account manager setup	<u>1</u> 2
Eorgot your nassword?   Forgot your us Account type	ername? 2 Tax ID numbers Co	A claim from     The Busines     each provide <u>Are you an accou    </u>	the last a months for some tax IDS Associate Agreement (BAA) date for in Int manager?   Not an account manager setup	<u>#2</u>
Eorgot your password2   Eorgot your us Account type	ername? Co Tax ID numbers Co ect your acc	A claim from     The Busines     each provide <u>Are you an accounded     ()   </u>	the last 3 months for some tax IDs s Associate Agreement (BAA) date for if int manager?   Not an account manager setup	
Eorgot your nassword?   Eorgot your us Account type Sel	ername? 	A claim from     The Busines     each provide <u>Are you an accou    </u>	the last 3 months for some tax IDS Associate Agreement (BAA) date for er Int manager?   Not an account manager setup	<u>elp</u> (7
Eorgot your password2   Eorgot your us Account type Sel	ername? 2 Tax ID numbers Co ect your acc	A claim from     The Busines     each provide     Are you an account     ()	the last 3 months for some tax IDS s Associate Agreement (BAA) date for if int manager?   Not an account manager setup	er? elp @
Eargot your nassword2   Eargot your us  Account type  Sele  Provider	ername2 2 Tax ID numbers Co ect your acc Billin	A claim from     The Busines     each provide <u>Are you an accounder of the second se</u>	the last 3 months for some tax IDS Associate Agreement (BAA) date for in int manager?   Not an account manager setup He MSO	
Eorgot your password?   Forgot your us Account type Selv Provider Provider Provider	ername? Tax ID numbers Co ect your acc Billing Billing services	A claim from     The Busines     each provide     Are you an accos      -(3) (4)      matact info Account      count type      g      ng      sare hined by	the last 3 months for some tax IDS s Associate Agreement (BAA) date for if mit manager?   Not an account manager setup 	
Eorgot your password?   Eorgot your us Account type Sele Provider Provider Providers deliver healthcare services do our plan members. They include doctors, hospitals, medical include doctors, hospitals, medical include doctors, hospitals, medical	ername2 2 Tax ID numbers Co ect your acc Billing services providers to ham clain	A claim from     The Businese each provide     Are you an account     Are you an account     account     count type     are hired by     aide billing and     ns.	It is it is a months for some tax IDS Associate Agreement (BAA) date for if Int manager?   Not an account manager setup  It MSO Management services organizations (MSOs) contract with providers to handle many administrative services. Some	
Eorgot your nassword?   Forgot your us Account type Sel Providers Providers Providers deliver healthcare services to our plan members. They include doctors, hospitals, medical groups, and pharmacies.	ername2 (2) Tax ID numbers Co ect your acc Billing services providers to han clain	A claim from     The Business each provide <u>Are you an account     account     account     count type      g     are hired by     dide billing and     ns. </u>	the last 3 months for some tax IDS a Associate Agreement (BAA) date for  r  Int manager?   Not an account manager  setup  He MSO Management services organizations for hand manage them MSOs own and manage them MSOs own and manage them MSOs own and manage them	

The Tax ID numbers screen displays.

- 4. Enter your Billing Service's Tax ID (TIN) and at least one TIN or Social Security number (SSN) for a provider you are requesting to represent.
  - Remember, you can add more TINs/SSNs after you create the account.
- 5. Click Add.
- 6. The Enter Business Associate Agreement (BAA) date pop-up displays. Select the BAA date and click **Continue**.
  - Remember, the BAA date is the date on which the contract was signed with the provider you represent.
- 7. The Provider TIN/SSN and name will populate on the *Tax ID numbers* screen. Repeat to add additional provider TINs/SSNs if desired. (Steps not shown.)
- 8. Click Continue.

	Account type	Tax ID numbers	Contact info	Account setu	p	
		Tax ID nu	umbers			
	Enter the ta	x ID number (TIN) of	the organization	you work for.		
	Enter TIN	zation TIN				
4	Enter a tax l each provid Tax ID	D number (TIN) or a der you represent, o O Social Sec D	Social Security nu ne at a time. surity number	umber for		
	Enter TIN			Add		
	Pro tip: Val add the oth	Idate one tax ID nov ers once you're logg	v to create your ac ged in.	count, then		
Back to account type					5	Continue

<



The Organization contact info screen displays.

- 9. Complete the Organization contact info and Your contact info fields.
- 10. Click Continue.

The Account setup screen displays.

- 11. Establish your Username and Password.
- 12. Click Continue.

	· · · · · · · · · · · · · · · · · · ·	
- 9	Account type Tax ID numbers Contact Info Account setup	
	Organization contact info	<u>}</u>
	" Required Organization name"	
	Prospect Medical Group	
	Street address*	
	0 Duval Street	
	Suite/Floor/Apt	
	Key West	
	State" ZIP code"	
	FL 💙 33040	
	Your contact info	
	Pirst name* Middle name	
	Jester L	
	Last name" Mikywaybar	
	Email address*	
	]lynnem@comcast.net	
	Phone* Ext.	
	(510) 940-0000	
	This is a mobile number	
	-Add another phone number	
< Back to tax ID number	ers Continue	
		-
(	Ͽ⊘	
Accou	unt type Tax ID numbers Contact info Account setup	
	Account setup	Help ⑦
	Use my email address as my username	
Us	Jername	
	2	
Pa	issword	
11		
	ur password must include:	
େ	) 8–20 characters ( A number or symbol (?#?)	
e	At least 1 lowercase letter  No spaces	
e e	A reak uppercase rever	
	Share (	
	<u>SIUW</u>	
A Back to contact info	12	Continue
Sock to contact III0		conunue

#### The Terms and conditions screen displays.

13. Review the terms and conditions, then enter your full name (e-sign) and today's date to indicate agreement.

#### 14. Click Sign and create account.

#### The Please validate your email address screen displays.

- 15. Click the link sent to your email address to validate your account.
  - The link expires, so follow it promptly. (If the link expires, request another one.)
  - Check SPAM if you do not receive this email.

#### Next steps.

- Blue Shield immediately contacts the providers you have registered to represent.
- When the first provider approves your access, we'll email you. Then you'll be able to access Provider Connection and that provider's TIN.
- You'll receive access to any additional TINs you requested as we get confirmation from those providers. (If they deny your access, we'll let you know that, too.)

	Terms and conditions	Help
	To create an account, you must agree to the following terms and conditions.	
	Provider agreement for online access	1
B	ly clicking the Sign and create account below, you agree to the following statement:	
l a th k	am an authorized representative of a provider seeking access to Provider Connection to view claims, uthorizations, and eligibility and benefits information for Blue Shield of California subscribers. I understand hat Blue Shield of California is not responsible for any unauthorized disclosure or misuse of Taxpayer jentification Numbers (TINs) or Blue Shield provider identification numbers (PINs)	
1	understand that an account manager's role is to:	
	Keep my organization's account information up-to-date	
	Create and maintain accounts for others in my organization	
	<ul> <li>Supply forgotten usernames and passwords for other users</li> </ul>	
	<ul> <li>Place a user account on inactive status (e.g., for a leave of absence)</li> </ul>	
F	or security reasons, users may not share login information. Doing so would constitute a violation of state nd federal regulations and could place sensitive member data at risk.	
	The role of the second of the second s	
	The releasing declarations must remain in the community of an must remain facturing on each of the second of the second s	
	When vitre user if der winder winder einer and der Pilve Obteld of California er Pilve Obteld of         Enter your full name and today's date to agree to our terms and conditions.         Full name / electronic signature ()         Enter your full name	
	It here was the event iden when you represent and/or Plice Obtain of California or Plice Obtain of Enter your full name and today's date to agree to our terms and conditions. Full name / electronic signature (> Enter your full name Today's date Select today's date	
	In rotoring declaration matrix many one concerns and are madrix which recording concerns were serviced as the evolution of the many one concerns and conditions. Full name / electronic signature () Enter your full name Today's date Select today's date	
Back to account	It reforming declarations make remain if the diministry of the material material in declaration of Plane Child of California of California of Plane Child of California of Plane Child of California of California of Plane Child of California of California of California of California of California of Californi of Californi of California of California of California	netle account
Back to account	the reference user the exercision must remain the commentation of the must remain free out to the exercision user where user sectors and/or Phile Child of Colliforations Phile Child of Colliforations Phile Child of Colliforations of Phile Phile of Child of Colliforations of Phile of Child of Colliforations of Phile Phile of Child of Colliforations of Phile of Child of Colliforations of Phile Phile of Child of Colliforations of Phile Phile of Child of Colliforations of Phile of Child of Child of Colliforations of Phile of Child of Child of Colliforations of Phile of Child o	nate account
Back to accoun	the second of control of the second of the s	nete account
Back to account	the reforming declaration matches user services and/or Phile Child of California or Phile Child of Enter your full name and today's date to agree to our terms and conditions. Full name / electronic signature () Enter your full name Select today's date Select today's date	nate account