

Blue e Guide for EFT Administrators

Electronic Funds Transfer (EFT) Administrators register their offices for EFT payments – the direct deposit of claims payments into your practice's bank account. EFT administrators can also add new provider IDs for payment or modify any existing EFT record. Your practice must be registered on **Blue e***, and the EFT Administrator must be set up with the **Blue e** user role described as EFTFULL, in order to perform these functions.

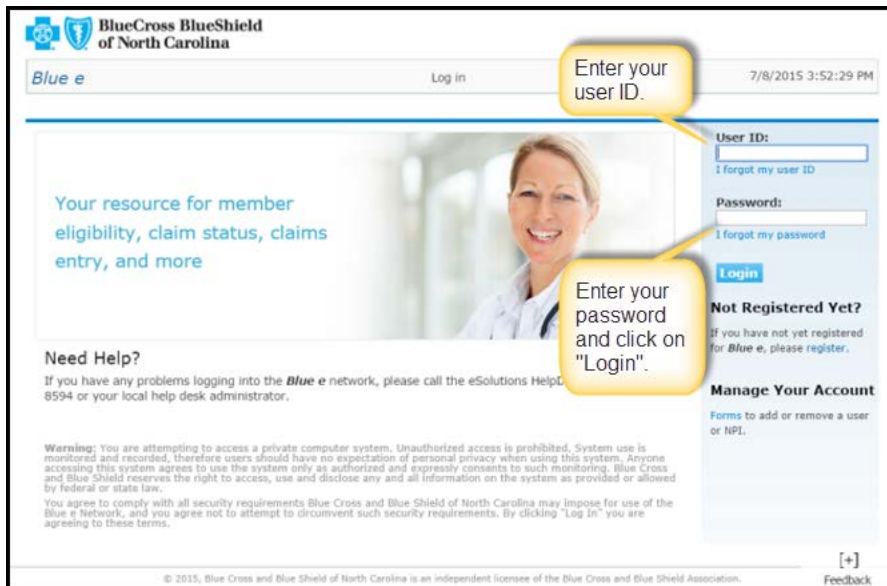
*If you are not registered to use Blue e, click on the [Register for Blue e](#) hyperlink found on the Providers home page of www.bcbsnc.com.



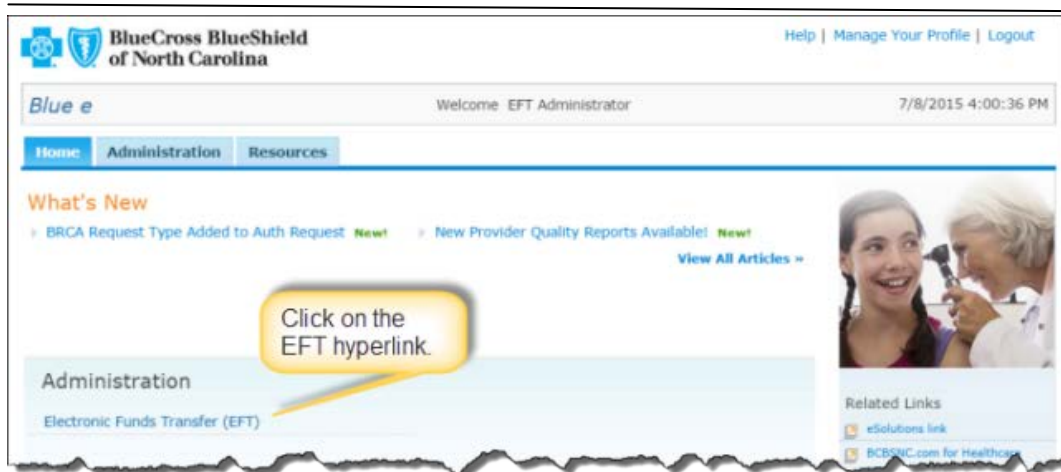
Your local **Blue e** Administrator should have already given you a **Blue e** user account, with the EFTFULL user role. You should have also received a temporary password to log into **Blue e**. When you have been set up, log into **Blue e** with that temporary password and create a personal password and security question answer. If your administrator has not yet set you up with an account, you need to identify a **Blue e** administrator for your office and request a setup. The general **Blue e** Administrator in your office will know how to create that account.

To start EFT registration, go to the **Blue e** Login Page, and log in.

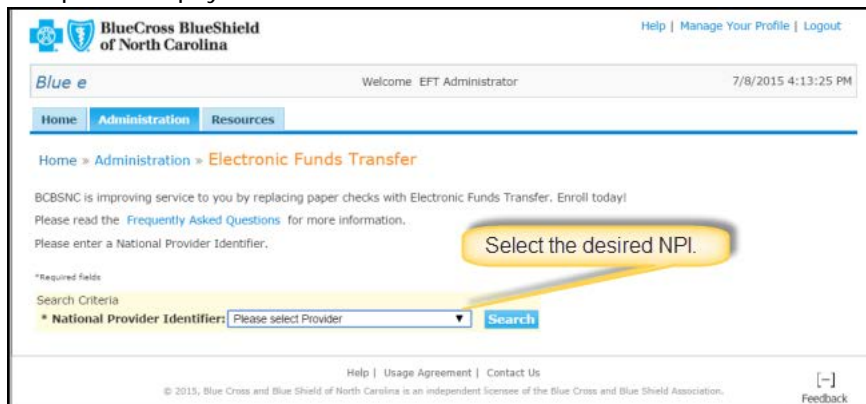
1. Go to the <https://providers.bcbsnc.com/providers/login.faces> and enter your EFT user ID and password:



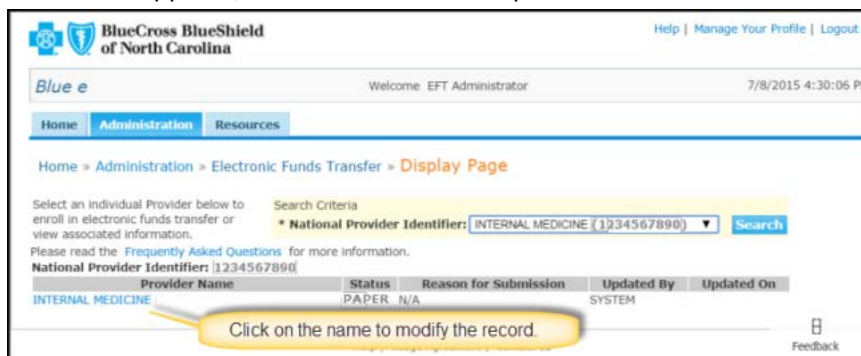
- After the **Blue e** Home page appears, click on EFT transaction:




- On the Electronic Funds Transfer page, select the National Provider Identifier (NPI) you want to set up for EFT payment.



- The record appears; click on the name to open the record:



- 

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Blue e

Welcome EFT Administrator

7/8/2015 4:40 PM

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Search Criteria

* **National Provider Identifier:** [Search](#)

Please read the [Frequently Asked Questions](#) for more information.

National Provider Identifier: 1234567890

Provider Name	Status	Reason for Submission	Updated By	Updated On
INTERNAL MEDICINE	EFT	N/A	SYSTEM	

[Edit](#)

Click the Edit button.


Financial Institution Information

Important: Electronic Funds Transfer is only available to checking accounts.

Financial Institution Routing Number: *****0300

[Feedback](#)

- *For additional information, click on the Help hyperlink in the top right corner of the page. The Help reference opens for the page you are on.



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7/9/2015 9:42:08 AM

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Please read the [Frequently Asked Questions](#) for more information.

National Provider Identifier: 1234567890

Provider Name	Status	Reason for Submission	Updated By	Updated On
INTERNAL MEDICINE	PAPER	N/A	SYSTEM	

*Required fields

Financial Institution Information

Important: Electronic Funds Transfer is only available to checking accounts.


* Financial Institution Routing Number: *****0000

Financial Institution Name: FIRST CITIZENS BANK & TRUST COMPANY

* Provider's Account with Financial Institution: *****0050

* Re-enter Provider's Account with Financial Institution: *****0050

Business Check Sample



Authorized Signature

Name: EFT Administrator

Provider Contact Information

* Provider Contact Name: EFT Administrator

* Telephone Number: (111) 111 - 1111 Telephone Number Extension:

* Email Address: youremailaddress@wherever.com

* Confirm Email Address: youremailaddress@wherever.com

Please Note: Your profile will be updated with this information.

Electronic Payment Authorization

Please read the terms and conditions below. Check the checkbox to confirm that you accept the terms and conditions.

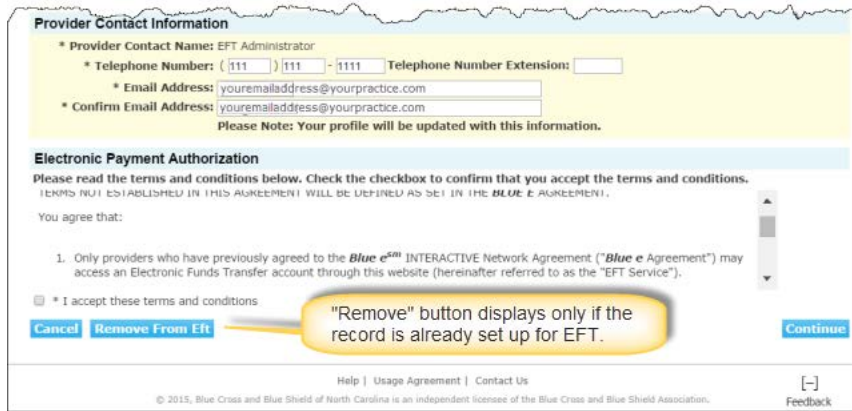
I HEREBY HAVE ESTABLISHED IN THIS AGREEMENT WILL BE DEPICTED AS SET IN THE BLUE E AGREEMENT.

You agree that:

- Only providers who have previously agreed to the Blue eSM INTERACTIVE Network Agreement ("Blue e Agreement") may

Feedback

7. Read and accept the Terms and Conditions by clicking on the checkbox;



Provider Contact Information

* Provider Contact Name: EFT Administrator
 * Telephone Number: (111) 111 - 1111 Telephone Number Extension:
 * Email Address: youremailaddress@yourpractice.com
 * Confirm Email Address: youremailaddress@yourpractice.com
 Please Note: Your profile will be updated with this information.

Electronic Payment Authorization

Please read the terms and conditions below. Check the checkbox to confirm that you accept the terms and conditions. TERMS NOT ESTABLISHED IN THIS AGREEMENT WILL BE DEFINED AS SET IN THE **Blue e** AGREEMENT.

You agree that:

- Only providers who have previously agreed to the **Blue e** INTERACTIVE Network Agreement ("**Blue e** Agreement") may access an Electronic Funds Transfer account through this website (hereinafter referred to as the "EFT Service").

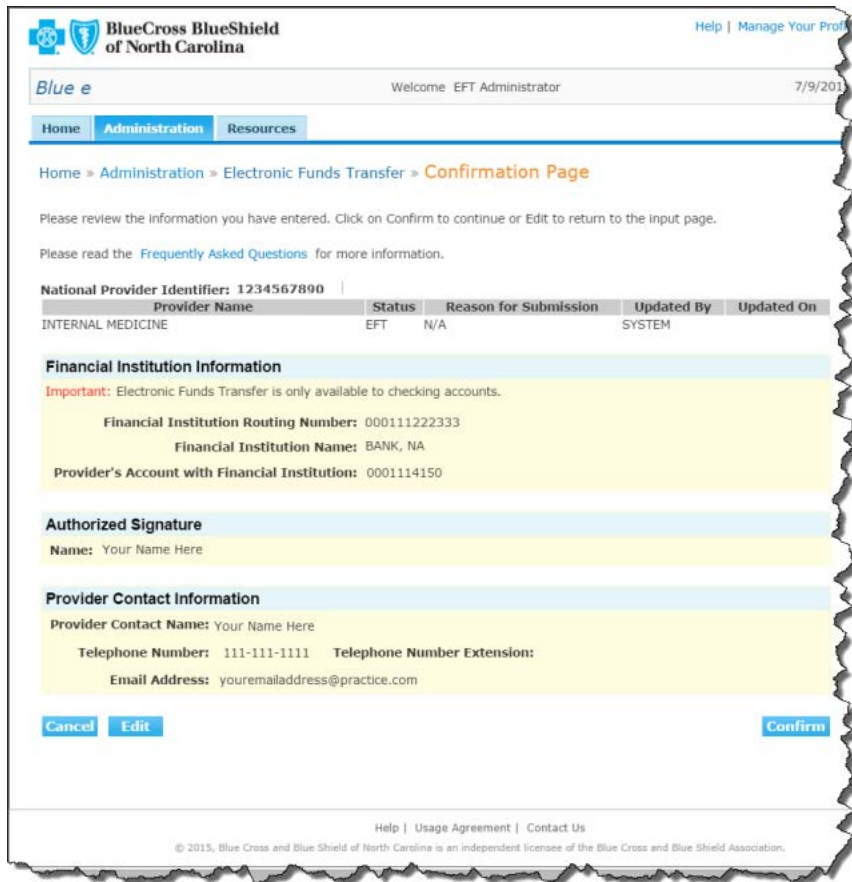
☐ I accept these terms and conditions

[Cancel](#) [Remove From Eft](#) [Continue](#)

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8. The confirmation page appears with the changes you have made.



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Home » Administration » Electronic Funds Transfer » **Confirmation Page**

Please review the information you have entered. Click on Confirm to continue or Edit to return to the input page.

Please read the [Frequently Asked Questions](#) for more information.

National Provider Identifier: 1234567890

Provider Name	Status	Reason for Submission	Updated By	Updated On
INTERNAL MEDICINE	EFT	N/A	SYSTEM	

Financial Institution Information

Important: Electronic Funds Transfer is only available to checking accounts.

Financial Institution Routing Number: 000111222333
 Financial Institution Name: BANK, NA
 Provider's Account with Financial Institution: 0001114150

Authorized Signature

Name: Your Name Here

Provider Contact Information

Provider Contact Name: Your Name Here
 Telephone Number: 111-111-1111 Telephone Number Extension:
 Email Address: youremailaddress@practice.com

[Cancel](#) [Edit](#) [Confirm](#)

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