

**BCBSM Physician or Professional Practitioner
Combined Participation Agreement**

Individual Signature Document



A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Your signature below establishes your commitment to be legally bound by the terms and conditions of the Practitioner Agreement(s) you check below.

Please note:

Managed care network affiliations do not become active until the credentialing process has been successfully completed and the relevant contracts have been signed. Until you are formally affiliated with these networks, you are regarded as an out of network practitioner and out of network claims sanctions may apply.

BCBSM Practitioner Traditional Agreement (WP 7669) incorporated by reference. The effective date of your participation in Traditional will be as of the date of your signature below, provided you meet all applicable enrollment criteria.

BY: 
DANIEL J. LOEPP

President and CEO
Blue Cross Blue Shield of Michigan

BCBSM TRUST (also known as TRUST PPO) Network Practitioner Affiliation Agreement (WP 7637) incorporated by reference.

BCBSM Medicare Advantage PPO Provider Agreement (WP 10380) and Practitioner Attachment (CF 10381) incorporated by reference.

Blue Preferred Plus Practitioner Affiliation Agreement (Practitioner Affiliation Agreement for Blue Preferred Plus (PA-Individual Practitioner-BPP)).

Blue Preferred Plus Individual Anesthesiology Services (PA-Individual Practitioner-BPP-Anes).

The TRUST Network Practitioner Affiliation Agreement, the Medicare Advantage Provider Agreement and the Blue Preferred Plus Practitioner Affiliation Agreement will become effective once you have successfully completed the credentialing process. You will receive a letter notifying you of the outcome of the credentialing process and the effective date of your affiliation with each applicable network.

The Signatures on the letter you receive will serve as BCBSM's countersignature on the Agreement, thereby creating a final contract between you and BCBSM. You will then be formally affiliated with the applicable network and be regarded as an in network practitioner.

Physician or Professional Practitioner

_____	_____
Individual Name	Individual NPI
_____	_____
Signature	Date

Michigan Professional License Number

Please return this
Signature Document to:

**Provider Enrollment and Data Management
Blue Cross Blue Shield of Michigan
Fax to 866-900-0250**