## Provider Enrollment and Change Process Required Document Checklist

<table>
<thead>
<tr>
<th>Provider Classification</th>
<th>To avoid processing delays...gather these items before you get started. If applying to network, complete the application signature document for each network.</th>
</tr>
</thead>
</table>
| **Ambulance, Air and/or Ground**            | - New Allied Provider Enrollment Form -or- Allied Provider Change Form  
- Michigan license as a Life Support Agency (ground and air)  
- Federal Aviation Association (FAA) 135 Certificate (air only)  
- Type 2 National Provider Identifier  
- Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) |
| **Ambulatory Surgical Facility**            | - New Allied Provider Enrollment Form -or- Allied Provider Change Form  
- Type 2 National Provider Identifier  
- Medicare Approval Letter  
- Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) |
| **Anesthesia Assistant**                    | - New Allied Provider Enrollment Form -or- Allied Provider Change Form  
- Type 1 National Provider Identifier  
- Social Security Number  
- Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)  
- Council for Affordable Quality Healthcare (CAQH) number (if available) |
| **Audiologist**                             | - New Allied Provider Enrollment Form -or- Allied Provider Change Form  
- State of Michigan professional license number  
- Type 1 National Provider Identifier  
- Social Security Number  
- Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9-s)  
- Council for Affordable Quality Healthcare (CAQH) number (if available) |
| **Board Certified Behavior Analyst**        | - New Mental Health Practitioner Enrollment Form -or- Mental Health Practitioner Change Form  
- Behavior Analyst Board Certification  
- Type 1 National Provider Identifier  
- Social Security Number  
- Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)  
- Council for Affordable Quality Healthcare (CAQH) number (if available) |
| Certified Nurse Midwife                        | New Allied Practitioner Enrollment Form -or- Allied Provider Change Form  
|                                             | State of Michigan professional license number  
|                                             | Certification from the American College of Certified Nurse Midwives (ACCNM) with effective expiration dates  
|                                             | Type 1 National Provider Identifier  
|                                             | Social Security Number  
|                                             | Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCB)  
| **For CNMs performing deliveries, the following are also required:** | Written confirmation of established privileges with hospital(s) and/or has hospital-affiliated birthing centers  
|                                             | Written confirmation of an established, interdependent relationship for medical consultation/collaboration or referral to an OB/GYN - refer to Addendum B, Qualification Standards in CNM Provider Participation Agreement  
| Certified Nurse Practitioner                | New Allied Practitioner Enrollment Form -or- Allied Provider Change Form  
|                                             | State of Michigan professional license number  
|                                             | Certification from one of the following national entities with effective expiration dates:  
|                                             | American Nurse Credentialing Center (ANCC)  
|                                             | National Certification Corporation for the Obstetric/Gynecology and Neonatal Specialties  
|                                             | National Certification Board of Pediatric Nurse Practitioners and Nurses  
|                                             | Nurse Practitioner Program of the United States Department of Health and Human Services  
|                                             | The Oncology Nursing Certification Program  
|                                             | Type 1 National Provider Identifier  
|                                             | Social Security Number  
|                                             | Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)  
|                                             | CAQH Number (if available)  
| Certified Registered Nurse Anesthetist      | New Allied Practitioner Enrollment Form -or- Allied Provider Change Form  
|                                             | National Board of Certification & Recertification for Nurse Anesthetists (NBCRNA) or,  
|                                             | Certification from the Council on Certification of Nurse Anesthetists or,  
|                                             | Certification from the Council on Recertification of Nurse Anesthetists  
|                                             | State of Michigan professional license  
|                                             | Type 1 National Provider Identifier  
|                                             | Social Security Number  
|                                             | Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)  
|                                             | Council for Affordable Quality Healthcare (CAQH) number (if available)  

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<tr>
<th>Profession</th>
<th>Required Documents</th>
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<tbody>
<tr>
<td>Chiropractor</td>
<td>• New Practitioner Enrollment Form -or- Allied practitioner Change Form</td>
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<tr>
<td></td>
<td>• State of Michigan professional license</td>
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<td>• Council for Affordable Quality Healthcare (CAQH) number (if available)</td>
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<tr>
<td>Clinical Independent Laboratory</td>
<td>• New Allied Provider Enrollment Form -or- Allied Provider Change Form</td>
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<tr>
<td></td>
<td>• Clinical Laboratory Improvement Amendments (CLIA) Certificate</td>
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<tr>
<td></td>
<td>• Type 2 National Provider Identifier</td>
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<tr>
<td>Certified Nurse Specialist</td>
<td>• New Mental Health Practitioner Enrollment Form -or- Mental Health Practitioner</td>
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<td>Change Form</td>
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<td></td>
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<td>Dentist</td>
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<tr>
<td>Doctor of Medicine</td>
<td>• New Practitioner Enrollment Form -or- Practitioner Change Form</td>
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<td></td>
<td>• State of Michigan professional license</td>
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| Doctor of Osteopathy                          | • New Practitioner Enrollment Form -or- Practitioner Change Form  
|                                            | • State of Michigan professional license  
|                                            | • Type 1 National Provider Identifier  
|                                            | • Social Security Number  
|                                            | • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)  
|                                            | • Council for Affordable Quality Healthcare (CAQH) number (if available)  
| Durable Medical Equipment Supplier         | • New Allied Provider Enrollment Form -or- Allied Provider Change Form  
|                                            | • Medicare Approval Letter  
|                                            | • Type 2 National Provider Identifier  
|                                            | • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)  
| Freestanding Radiology Center              | New Allied Provider Enrollment Form -or- Allied Provider Change Form  
|                                            | • Liability/Malpractice Insurance verification (for BCN, BCNA BCC networks)  
|                                            | • Accreditation Certificate from one of the following:  
|                                            |   • American College of Radiology or,  
|                                            |   • Intersocietal Accreditation Commission or,  
|                                            |   • The Joint Commission  
|                                            | • Certificate of Need for PET, MRI and Megavoltage Radiation Therapy  
|                                            | • Medicare Approval Letter as an independent diagnostic testing facility or,  
|                                            |   a Medicare Approval Letter as a radiology physician practice matching primary practice location  
|                                            | • Primary practice location in Michigan  
|                                            | • Identified owner of Facility  
|                                            | • Staff Roster (complete list) with Medical Director  
|                                            | • Type 2 National Provider Identifier  
|                                            | • Social Security Number  
|                                            | • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)  
| Hearing Aid Dealer                         | • New Allied Practitioner Enrollment Form -or- Allied Practitioner Change Form  
|                                            | • State of Michigan professional license  
|                                            | • Type 1 National Provider Identifier  
|                                            | • Social Security Number  
|                                            | • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)  
| Independent Diagnostic Testing Facility    | • New Allied Provider Enrollment Form -or- Allied Provider Change Form  
|                                            | • Type 2 National Provider Identifier  
|                                            | • Medicare Approval Letter  
|                                            | • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)  

| Independent Occupational Therapist | • New Practitioner Enrollment Form -or- Practitioner Change Form  
• State of Michigan professional license  
• Type 1 National Provider Identifier  
• Social Security Number  
• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)  
• Council for Affordable Quality Healthcare (CAQH) number (if available)  
• Medicare Approval Letter |
| Independent Physical Therapist | • New Practitioner Enrollment Form -or- Practitioner Change Form  
• State of Michigan professional license  
• Type 1 National Provider Identifier  
• Social Security Number  
• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)  
• Council for Affordable Quality Healthcare (CAQH) number (if available)  
• Medicare Approval Letter |
| Independent Speech Language Pathologist | • New Allied Practitioner Enrollment Form -or- Allied Practitioner Change Form  
• State of Michigan professional license, if available  
• Certificate of Clinical Competence from the American Speech-Language Hearing Association  
• Type 1 National Provider Identifier  
• Social Security Number  
• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)  
• Council for Affordable Quality Healthcare (CAQH) number (if available)  
• Medicare Approval Letter |
<table>
<thead>
<tr>
<th>Profession</th>
<th>Forms Required</th>
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</table>
| Licensed Master of Social Worker | • New Mental Health Practitioner Enrollment Form -or- Mental Health Practitioner Change Form  
| Licensed Professional Counselor  | • State of Michigan professional license                                       
|                                  | • Type 1 National Provider Identifier                                          
|                                  | • Social Security Number                                                       
|                                  | • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) 
|                                  | • Council for Affordable Quality Healthcare (CAQH) number (if available)       |
| Ophthalmologist                  | • New Practitioner Enrollment Form -or- Practitioner Change Form               |
|                                  | • State of Michigan professional license                                       
|                                  | • Type 1 National Provider Identifier                                          
|                                  | • Social Security Number                                                       
|                                  | • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) 
|                                  | • Council for Affordable Quality Healthcare (CAQH) number (if available)       |
| Optician/Optical Supplier        | • New Allied Provider Enrollment Form -or- Allied Provider Change Form          |
|                                  | • Type 2 National Provider Identifier                                          
|                                  | • Social Security Number                                                       
|                                  | • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) 
| Optometrist                      | • New Allied Practitioner Form -or- Allied Practitioner Change Form             |
|                                  | • State of Michigan professional license                                       
|                                  | • Type 1 National Provider Identifier                                          
|                                  | • Social Security Number                                                       
|                                  | • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) 
|                                  | • Council for Affordable Quality Healthcare (CAQH) number (if available)       |
| Oral Surgeon (board certified medical-surgical only) | • New Practitioner Enrollment Form -or- Practitioner Change Form |
|                                  | • State of Michigan professional license                                       
|                                  | • Type 1 National Provider Identifier                                          
|                                  | • Social Security Number                                                       
|                                  | • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) |
|                                  | • Council for Affordable Healthcare Quality (CAQH) number (if available)       |
| Physician Assistant              | • New Allied Practitioner Enrollment Form -or- Allied Practitioner Form         |
|                                  | • BCBSM Physician Assistant Supervising Physician/Employer Certification Form |
|                                  | • Type 1 National Provider Identifier                                          
|                                  | • Social Security Number                                                       |
| Professional Group Practice | New Group Enrollment Form -or- Group Change Form  
|                            | Type 2 National Provider Identifier  
|                            | Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)  
|                            | Medicare Approval Letter |

| Physiological Laboratory | New Allied Provider Enrollment Form -or- Allied Provider Change Form  
|                          | Medicare Approval Letter  
|                          | Type 1 National Provider Identifier  
|                          | Type 2 National Provider Identifier  
|                          | Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)  
|                          | Council for Affordable Quality Healthcare (CAQH) number (if available) |

| Podiatrist               | New Practitioner Enrollment Form -or- Practitioner Change Form  
|                          | State of Michigan professional license  
|                          | Type 1 National Provider Identifier  
|                          | Social Security Number  
|                          | Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)  
|                          | Council for Affordable Quality Healthcare (CAQH) number (if available) |

| Professional Group Practice | New Group Enrollment Form -or- Group Change Form  
|                            | Type 2 National Provider Identifier  
|                            | Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)  
|                            | Medicare Approval Letter |

| Prosthetic and Orthotic Suppliers | New Allied Provider Enrollment Form -or- Allied Provider Change Form  
|                                  | Medicare Approval Letter  
|                                  | Type 1 National Provider Identifier (for individually certified suppliers)  
|                                  | Type 2 National Provider Identifier (for organizationally certified suppliers)  
|                                  | Social Security Number (for individually certified suppliers)  
|                                  | Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)  

**Valid certification for Prosthetic and Orthotic Checklist:**
- Accreditation Commission for Health Care INC
- American Board of Certification in Orthotics & Prosthetics
- Board of Certification/Accreditation International
- Commission of Accreditation of Rehabilitation Facilities
- Community Health Accreditation Program
- Health Care Quality Association on Accreditation
- National Association of Boards of Pharmacy
- The Compliance Team, Inc.
- The Joint Commission
- The National Board of Accreditation for Orthotic

| Psychiatrist | New Mental Health Practitioner Enrollment Form -or- Mental Health Practitioner Change Form  
|             | State of Michigan professional license  
|             | Type 1 National Provider Identifier  
|             | Social Security Number  
|             | Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)  
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<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Required Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychologist (fully licensed)</td>
<td>• New Mental Health Practitioner Enrollment Form -or- Mental Health Practitioner Change Form&lt;br&gt;• State of Michigan professional license&lt;br&gt;• Type 1 National Provider Identifier&lt;br&gt;• Social Security Number&lt;br&gt;• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)&lt;br&gt;• Council for Affordable Quality Healthcare (CAQH) number (if available)</td>
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<tr>
<td>Retail Health Center</td>
<td>• New Allied Provider Enrollment Form -or- Allied Provider Change Form&lt;br&gt;• Type 2 National Provider Identifier&lt;br&gt;• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)&lt;br&gt;• State of Michigan MD or DO licensed Medical Director</td>
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<tr>
<td>Urgent Care Center</td>
<td>• New Allied Provider Enrollment Form -or- Allied Provider Change Form&lt;br&gt;• Type 2 National Provider Identifier&lt;br&gt;• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</td>
</tr>
<tr>
<td>Vaccine Pharmacy</td>
<td>• New Provider Enrollment Form -or- Provider Change Form&lt;br&gt;• Type 2 National Provider Identifier&lt;br&gt;• Copy of BCBSM Pharmacy Network Administration Approval Letter (contact <a href="mailto:pharmacynetworkadmin@bcbsm.com">pharmacynetworkadmin@bcbsm.com</a> to obtain approval letter)&lt;br&gt;• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</td>
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