



# Practitioner Enrollment Form

State license number	Type 1 NPI	Type 2 NPI
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## Section 1: Demographic information

\* denotes required field

1. *First name		2. *Last name	
3. Middle name		4. *Degree or title	
5. Gender		6. CAQH ID number	
7. *Date of birth (MM/DD/YYYY)		8. Ethnicity	
9. Social Security Number		10. Race	
11. Other names you may have used (Maiden, a.k.a., etc.)		12. Languages spoken other than English	

## Section 2: Practice specialty for which you are seeking affiliation

1. *Provider type	Primary Care Practitioner	Specialist
2. *Specialty		
3. *Board certified (M.D., D.O., D.M.D., D.P.M., D.D.S. only)	Yes	No
4. *Board eligible (M.D., D.O., D.M.D., D.P.M., D.D.S. only)	Yes	No
5. Do you practice exclusively in a hospital setting? ( if "Yes", Section 1 of the CAQH must be updated to reflect hospital based status)	Yes	No

## Section 3: Advanced Practice Provider and Allied Health Practitioner supervising physicians

1. Supervising physician name	
2. Supervising physician specialty	
3. Supervising physician NPI	

## Section 4: Medical Care Group or Independent Physician Association Affiliation

<b>1. Please provide the name of the medical care group or independent physician association and number you wish to join (required for PCPs)</b>	
a. Medical Care Group name	
b. Medical Care Group number (begins with an "IH")	

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**Section 5: Primary office practice information**

\* denotes required field

<b>1. Primary office address</b> (must be an address where health care services are rendered and may be published in the Blue Cross Complete provider directory, Primary Care Practitioners must practice a minimum of 20 hours per week, per location)	
a. *Group practice name (as it appears on W-9 /SS4 form)	
b. *Federal tax ID	
c. *Tax exempt	Yes                      No
d. *Street address	
e. *City	
f. *State	
g. *Zip code	
h. County	
i. *Primary telephone number	
j. Fax number	
<b>2. Payment or remit Address (if different from your primary address)</b>	
a. Street address	
b. City	
c. State	
d. Zip code	
<b>3. Mailing address (if different from your primary address)</b>	
a. Street address	
b. City	
c. State	
d. Zip code	
<b>4. Medical Records Request (MMR) (if different from your primary address)</b>	
a. Street address	
b. City	
c. State	
d. Zip code	

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[Section 5: Primary office practice information - continued](#)

\* denotes required field

5. *Office hours		
	From	To
a. Monday		
b. Tuesday		
c. Wednesday		
d. Thursday		
e. Friday		
f. Saturday		
g. Sunday		
6. Waiting times (in days)		
a. Routine visits		
b. Well exams		
c. Urgent problems		
7. Panel information		
a. Do you place an age limit on your patients?	Minimum age: _____ Maximum age: _____	
b. Accepting new patients into the practice?	Yes	No
c. Accepting existing patients only?	Yes	No
d. Place limitation on patient gender?	Male	Female
8. Contact information – please provide the name and contact information of a person who can answer questions about information in this enrollment form		
a. *Contact name		
b. *Telephone number		
c. *Email address		

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**Section 6: Secondary office practice information**

\* denotes required field

**1. Secondary office address** (must be an address where health care services are rendered and may be published in the Blue Cross Complete provider directory)

a. *Group practice name (as it appears on W-9 /SS4 form)	
b. *Federal tax ID	
c. *Tax exempt	Yes                      No
d. *Street address	
e. *City	
f. *State	
g. *Zip code	
h. County	
i. *Primary telephone number	
j. Fax number	

**2. Payment or remit address (if different from your secondary address)**

e. Street address	
f. City	
g. State	
h. Zip code	

**3. Mailing address (if different from your secondary address)**

e. Street address	
f. City	
g. State	
h. Zip code	

**4. Medical Records Request (MMR) (if different from your secondary address)**

e. Street address	
f. City	
g. State	
h. Zip code	

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**Section 6: Secondary office practice information - continued**

\* denotes required field

5. *Office hours		
	From	To
h. Monday		
i. Tuesday		
j. Wednesday		
k. Thursday		
l. Friday		
m. Saturday		
n. Sunday		
6. Waiting times (in days)		
d. Routine visits		
e. Well exams		
f. Urgent problems		
7. Panel information		
a. Do you place an age limit on your patients?	Minimum age: _____ Maximum age: _____	
b. Accepting new patients into the practice?	Yes	No
c. Accepting existing patients only?	Yes	No
d. Place limitation on patient gender?	Male	Female

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## Section 7: Enrollment signature

\* denotes required field

I certify that the information contained in this application is true and complete and the accompanying documents are correct and complete to the best of my knowledge and belief. If this enrollment form contains any material omission or false or misleading information, I understand that participation with Blue Cross Complete may be rejected or terminated. I further understand that a copy of these statements shall be as binding as the original.

I will notify Blue Cross Complete of Michigan immediately in writing of changes affecting this data. If I am a practitioner in training, I will not report services that are related to my training program and rendered at the address from which I am training. Should I re-enter training, I will notify Blue Cross Complete of Michigan.

I hereby authorize Blue Cross Complete to verify the information provided on this application and accompanying documentation through contracting, credentialing, rec credentialing or reappointment activity of Blue Cross Complete.

*Print or type Name	*Practitioner signature or title	*Date

# Practitioner Enrollment Form

## [Provider enrollment required document checklist](#)

Provider classification	To avoid processing delays, please ensure all items are submitted
Anesthesia assistant	<ul style="list-style-type: none"> <li>• Type 1 National Provider Identifier</li> <li>• Tax identification number and Internal Revenue Service document identifying TIN and associated payee name</li> <li>• Supervising physician</li> </ul>
Audiologist	<ul style="list-style-type: none"> <li>• Type 1 National Provider Identifier</li> <li>• Tax identification number and Internal Revenue Service document identifying TIN and associated payee name</li> <li>• State of Michigan professional license number</li> <li>• Council for Affordable Quality Healthcare number (if available)</li> </ul>
Board certified behavior analyst	<ul style="list-style-type: none"> <li>• Type 1 National Provider Identifier</li> <li>• Tax identification number and Internal Revenue Service document identifying TIN and associated payee name</li> <li>• State of Michigan professional license number</li> <li>• Council for Affordable Quality Healthcare number (if available)</li> </ul>
Certified nurse midwife	<ul style="list-style-type: none"> <li>• Type 1 National Provider Identifier</li> <li>• Tax identification number and Internal Revenue Service document identifying TIN and associated payee name</li> <li>• State of Michigan professional license number</li> <li>• Council for Affordable Quality Healthcare number (if available)</li> <li>• For CNMs performing deliveries, the following are also required:               <ul style="list-style-type: none"> <li>▪ Written confirmation of established privileges with hospitals or has hospital-affiliated birthing centers</li> </ul> </li> <li>• Written confirmation of an established, interdependent relationship for medical consultation or collaboration or referral to an OB/GYN</li> </ul>
Certified nurse practitioner	<ul style="list-style-type: none"> <li>• Type 1 National Provider Identifier</li> <li>• Tax identification number and Internal Revenue Service document identifying TIN and associated payee name</li> <li>• State of Michigan professional license number</li> <li>• Council for Affordable Quality Healthcare number</li> </ul>



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Provider classification	To avoid processing delays, please ensure all items are submitted
Certified registered nurse anesthetist	<ul style="list-style-type: none"> <li>• State of Michigan professional license</li> <li>• Type 1 National Provider Identifier</li> <li>• Tax identification number and Internal Revenue Service document identifying TIN and associated payee name</li> <li>• Council for Affordable Quality Healthcare number</li> </ul>
Chiropractor	<ul style="list-style-type: none"> <li>• Type 1 National Provider Identifier</li> <li>• Tax identification number and Internal Revenue Service document identifying TIN and associated payee name</li> <li>• State of Michigan professional license number</li> <li>• Council for Affordable Quality Healthcare number</li> </ul>
Certified nurse specialist	<ul style="list-style-type: none"> <li>• Type 1 National Provider Identifier</li> <li>• Tax identification number and Internal Revenue Service document identifying TIN and associated payee name</li> <li>• State of Michigan professional license number</li> <li>• Council for Affordable Quality Healthcare number</li> </ul>
Doctor of medicine	<ul style="list-style-type: none"> <li>• Type 1 National Provider Identifier</li> <li>• Tax identification number and Internal Revenue Service document identifying TIN and associated payee name</li> <li>• State of Michigan professional license number</li> <li>• Council for Affordable Quality Healthcare number</li> </ul>
Hearing aid dealer	<ul style="list-style-type: none"> <li>• Type 1 National Provider Identifier</li> <li>• Tax identification number and Internal Revenue Service document identifying TIN and associated payee name</li> <li>• State of Michigan professional license number</li> <li>• Council for Affordable Quality Healthcare number (if available)</li> </ul>
Independent occupational or physical therapist	<ul style="list-style-type: none"> <li>• Type 1 National Provider Identifier</li> <li>• Tax identification number and Internal Revenue Service document identifying TIN and associated payee name</li> <li>• State of Michigan professional license number</li> <li>• Council for Affordable Quality Healthcare number (if available)</li> </ul>

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Independent speech language pathologist	<ul style="list-style-type: none"> <li>• Type 1 National Provider Identifier</li> <li>• Tax identification number and Internal Revenue Service document identifying TIN and associated payee name</li> <li>• State of Michigan professional license number</li> <li>• Council for Affordable Quality Healthcare number (if available)</li> </ul>
Licensed Master of social worker	<ul style="list-style-type: none"> <li>• Type 1 National Provider Identifier</li> <li>• Tax identification number and Internal Revenue Service document identifying TIN and associated payee name</li> <li>• State of Michigan professional license number</li> <li>• Council for Affordable Quality Healthcare number (if available)</li> </ul>
Licensed professional counselor	<ul style="list-style-type: none"> <li>• Type 1 National Provider Identifier</li> <li>• State of Michigan professional license</li> <li>• Tax identification number and Internal Revenue Service document identifying TIN and associated payee name</li> <li>• Council for Affordable Quality Healthcare number (if available)</li> </ul>
Ophthalmologist	<ul style="list-style-type: none"> <li>• Type 1 National Provider Identifier</li> <li>• Tax identification number and Internal Revenue Service document identifying TIN and associated payee name</li> <li>• State of Michigan professional license number</li> <li>• Council for Affordable Quality Healthcare number (if available)</li> </ul>
Optician or optical Supplier	<ul style="list-style-type: none"> <li>• Type 2 National Provider Identifier</li> <li>• Tax identification number and Internal Revenue Service document identifying TIN and associated payee name</li> </ul>
Optometrist	<ul style="list-style-type: none"> <li>• Type 1 National Provider Identifier</li> <li>• Tax identification number and Internal Revenue Service document identifying TIN and associated payee name</li> <li>• State of Michigan professional license number</li> <li>• Council for Affordable Quality Healthcare number (if available)</li> </ul>

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Oral surgeon	<ul style="list-style-type: none"> <li>• Type 1 National Provider Identifier</li> <li>• Tax identification number and Internal Revenue Service document identifying TIN and associated payee name</li> <li>• State of Michigan professional license number</li> <li>• Council for Affordable Quality Healthcare number (if available)</li> </ul>
Physician assistant	<ul style="list-style-type: none"> <li>• Type 1 National Provider Identifier</li> <li>• Tax identification number and Internal Revenue Service document identifying TIN and associated payee name</li> <li>• State of Michigan professional license number</li> <li>• Council for Affordable Quality Healthcare number (if available)</li> <li>• Supervising physician name and NPI</li> </ul>
Podiatrist	<ul style="list-style-type: none"> <li>• Type 1 National Provider Identifier</li> <li>• Tax identification number and Internal Revenue Service document identifying TIN and associated payee name</li> <li>• State of Michigan professional license number</li> <li>• Council for Affordable Quality Healthcare number</li> </ul>
Psychiatrist	<ul style="list-style-type: none"> <li>• Type 1 National Provider Identifier</li> <li>• Tax identification number and Internal Revenue Service document identifying TIN and associated payee name</li> <li>• State of Michigan professional license number</li> <li>• Council for Affordable Quality Healthcare number</li> </ul>
Psychologist (fully licensed)	<ul style="list-style-type: none"> <li>• Type 1 National Provider Identifier</li> <li>• Tax identification number and Internal Revenue Service document identifying TIN and associated payee name</li> <li>• State of Michigan professional license number</li> <li>• Council for Affordable Quality Healthcare number (if available)</li> </ul>

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## Credentialing – Healthcare professional and provider rights

Healthcare professional and providers have the right to:

- Review information obtained through primary source verification for credentialing purposes. This includes information from malpractice insurance carriers and state licensing boards. This does not include information collected from references, recommendations and other peer review protected information
- Be notified if any credential information is received that varies substantially from application information submitted by the health care professional or provider: (actions on license, malpractice claim history, suspension or termination of hospital privileges, or board-certification decisions with the exception of reference, recommendations or other peer-review protected information. The health care professional or provider will have the right to correct erroneous information if the credentialing information received varies substantially from the information that was submitted on his or her application
- Upon request, be informed of the status of their application – if application is current and complete, the applicant can be informed of the tentative date that his or her application will be presented to the Credentialing Committee for approval.