

Provider Enrollment and Change Process Required Document Checklist

Provider Classification	<i>To avoid processing delays...gather these items before you get started. If applying for one or more networks, check the appropriate box on the signature document before submitting.</i>
Ambulance, Air and/or Ground	<ul style="list-style-type: none"> • New Allied Provider Enrollment Form -or- Allied Provider Change Form • BCBSM Ambulance Combined Signature Document • Active Michigan practice location required • 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	<ul style="list-style-type: none"> • New Allied Provider Enrollment Form -or- Allied Provider Change Form • Type 2 National Provider Identifier • Medicare Approval Letter • Active Michigan practice location required • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)
Anesthesia Assistant	<ul style="list-style-type: none"> • New Allied Provider Enrollment Form -or- Allied Provider Change Form • BCBSM Anesthesia Assistant Combined Signature Document • Active Michigan practice location required • 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)
Athletic Trainer	<ul style="list-style-type: none"> • New Allied Provider Enrollment Form -or- Allied Provider Change Form • BCBSM Athletic Trainer Combined Signature Document • Active Michigan practice location required • 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) • Accredited by the Commission for Accreditation of Athletic Training Education (CAATE) • Successful completion/ passing the Board of Certification (BOC) examination

Audiologist	<ul style="list-style-type: none"> • New Allied Provider Enrollment Form -or- Allied Provider Change Form • BCBSM Hearing Aid Dealer Combined Signature Document • Active Michigan practice location required • 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)
Certified Nurse Midwife	<ul style="list-style-type: none"> • New Allied Practitioner Enrollment Form -or- Allied Provider Change Form • BCBSM Certified Nurse Midwife Combined Signature Document • Active Michigan practice location required • State of Michigan professional license number • Certification from the American College of Certified Nurse Midwives (ACCNM) with effective an 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: <ul style="list-style-type: none"> – 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	<ul style="list-style-type: none"> • New Allied Practitioner Enrollment Form -or- Allied Practitioner Change Form • BCBSM Certified Nurse Practitioner Combined Signature Document or BCBSM Certified Nurse Practitioner Including Behavioral Health Services Combined Signature Document • Active Michigan practice location required • State of Michigan professional license number • Certification from one of the following national entities with effective and expiration dates: <ul style="list-style-type: none"> – 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)

<p>Certified Registered Nurse Anesthetist</p>	<ul style="list-style-type: none"> • New Allied Practitioner Enrollment Form -or- Allied Provider Change Form • BCBSM Certified Registered Nurse Anesthetist Combined Signature Document • Active Michigan practice location required • 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
<p>Certified Registered Nurse Anesthetist</p>	<ul style="list-style-type: none"> • 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)
<p>Chiropractor</p>	<ul style="list-style-type: none"> • New Practitioner Enrollment Form -or- Practitioner Change Form • BCBSM Practitioner Combined Signature Document • Active Michigan practice location required • 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)
<p>Clinical Independent Laboratory</p>	<ul style="list-style-type: none"> • New Allied Provider Enrollment Form -or- Allied Provider Change Form • BCBSM Clinical Independent Lab Signature Document and/or Prudent Laboratory USE (PLUS) Clinical Laboratory Signature Document • Active Michigan practice location required • Clinical Laboratory Improvement Amendments (CLIA) Certificate • 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)
<p>Clinical Nurse Specialist Certified</p>	<ul style="list-style-type: none"> • New Mental Health Practitioner Enrollment Form -or- Mental Health Practitioner Change Form • BCBSM Clinical Nurse Specialist Combined Signature Document • Active Michigan practice location required • Clinical Nurse certification from ANCC • 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)

Dentist	<ul style="list-style-type: none"> • New Allied Practitioner Enrollment Form -or- Allied Practitioner Change Form • Active Michigan practice location required • 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)
Dietician	<ul style="list-style-type: none"> • New Allied Provider Enrollment Form -or- Allied Provider Change Form • Active Michigan practice location required • Type1 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)
Doctor of Medicine	<ul style="list-style-type: none"> • New Practitioner Enrollment Form -or- Practitioner Change Form • BCBSM Practitioner Combined Signature Document • Active Michigan practice location required • 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)
Doctor of Osteopathy	<ul style="list-style-type: none"> • New Practitioner Enrollment Form -or- Practitioner Change Form • BCBSM Practitioner Combined Signature Document • Active Michigan practice location required • 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	<ul style="list-style-type: none"> • New Allied Provider Enrollment Form -or- Allied Provider Change Form • BCBSM DME/Prosthetic and Orthotic Supplier Participation Signature Document • Active Michigan practice location required • 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)

<p>Freestanding Radiology Center</p>	<ul style="list-style-type: none"> • New Allied Provider Enrollment Form -or- Allied Provider Change Form • BCBSM Freestanding Radiology Center Provider Signature Document • Active Michigan practice location required • Liability/Malpractice Insurance verification (for BCN, BCNA BCC networks) • Accreditation Certificate from one of the following: <ul style="list-style-type: none"> • 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
<p>Freestanding Radiology Center</p>	<ul style="list-style-type: none"> • 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)
<p>Hearing Aid Dealer</p>	<ul style="list-style-type: none"> • New Allied Practitioner Enrollment Form -or- Allied Practitioner Change Form • BCBSM Hearing Aid Dealer Combined Signature Document • Active Michigan practice location required • 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)
<p>Independent Diagnostic Testing Facility</p>	<ul style="list-style-type: none"> • New Allied Provider Enrollment Form -or- Allied Provider Change Form • Active Michigan practice location required • 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)
<p>Independent Occupational Therapist</p>	<ul style="list-style-type: none"> • New Practitioner Enrollment Form -or- Practitioner Change Form • BCBSM Independent Therapist Combined Signature Document • Active Michigan practice location required • 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	<ul style="list-style-type: none"> • New Practitioner Enrollment Form -or- Practitioner Change Form • BCBSM Independent Therapist Combined Signature Document • Active Michigan practice location required • 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	<ul style="list-style-type: none"> • New Allied Practitioner Enrollment Form -or- Allied Practitioner Change Form • BCBSM Independent Therapist Combined Signature Document • Active Michigan practice location required • 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
Licensed Behavior Analyst	<ul style="list-style-type: none"> • New Mental Health Practitioner Enrollment Form -or- Mental Health Practitioner Change Form • Licensed Behavior Analyst Traditional Individual Signature Document • Active Michigan practice location required • Behavior Analyst state of Michigan 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)
Licensed Master of Social Worker Licensed Marriage and Family Therapist Licensed Professional Counselor Limited Licensed Psychologist	<ul style="list-style-type: none"> • New Mental Health Practitioner Enrollment Form -or- Mental Health Practitioner Change Form • Appropriate BCBSM Combined Signature Document for specific provider type • Active Michigan practice location required • 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	<ul style="list-style-type: none"> • New Practitioner Enrollment Form -or- Practitioner Change Form • BCBSM Ophthalmologist Combined Signature Document • Active Michigan practice location required • 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	<ul style="list-style-type: none"> • New Allied Provider Enrollment Form -or- Allied Provider Change Form • BCBSM Vision Specialist Provider Individual Participation Signature Document • Active Michigan practice location required • 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	<ul style="list-style-type: none"> • New Allied Practitioner Form -or- Allied Practitioner Change Form • BCBSM Optometrist Combined Signature Document • Active Michigan practice location required • 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)	<ul style="list-style-type: none"> • New Practitioner Enrollment Form -or- Practitioner Change Form • BCBSM Dental/Oral Surgeon Combined Signature Document • Active Michigan practice location required • 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	<ul style="list-style-type: none"> • New Allied Practitioner Enrollment Form, Physician Assistant Re-enrollment Form or Allied Practitioner Change Form (as applicable) • BCBSM Physician Assistant Combined Signature Document • Active Michigan practice location required • Physician Assistant/ Physician Practice Agreement Attestation Form • Type 1 National Provider Identifier

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Physician Assistant	<ul style="list-style-type: none"> • State of Michigan professional license number • 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)
Physiological Laboratory	<ul style="list-style-type: none"> • New Allied Provider Enrollment Form -or- Allied Provider Change Form • Active Michigan practice location required • 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
Podiatrist	<ul style="list-style-type: none"> • New Practitioner Enrollment Form -or- Practitioner Change Form • BCBSM Practitioner Combined Signature Document • Active Michigan practice location required • 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	<ul style="list-style-type: none"> • New Group Enrollment Form -or- Group Change Form • BCBSM Traditional Network Participation Agreement Group Signature Document • Active Michigan practice location required • 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	<ul style="list-style-type: none"> • New Allied Provider Enrollment Form -or- Allied Provider Change Form • BCBSM DME/Prosthetic and Orthotic Supplier Participation Signature Document • Active Michigan practice location required • Medicare Approval Letter • Type1 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) <p style="text-align: center;">Continued on next page</p>

Prosthetic and Orthotic Suppliers	Valid certification for Prosthetic and Orthotic Checklist: <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • New Mental Health Practitioner Enrollment Form -or- Mental Health Practitioner Change Form • BCBSM Psychiatrist Combined Signature Document • Active Michigan practice location required • 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)
Psychologist (fully licensed)	<ul style="list-style-type: none"> • New Mental Health Practitioner Enrollment Form -or- Mental Health Practitioner Change Form • BCBSM Fully Licensed Psychologist Combined Signature Document • Active Michigan practice location required • 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)
Retail Health Center	<ul style="list-style-type: none"> • New Allied Provider Enrollment Form -or- Allied Provider Change Form • BCBSM Retail Health Center Provider Signature Document • Active Michigan practice location required • 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) • State of Michigan MD or DO licensed Medical Director

Urgent Care Center	<ul style="list-style-type: none"> • New Allied Provider Enrollment Form -or- Allied Provider Change Form • BCBSM Traditional Urgent Care Center Signature Document • Active Michigan practice location required • 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)
Vaccine Pharmacy	<ul style="list-style-type: none"> • New Provider Enrollment Form -or- Provider Change Form • BCBSM Pharmacy Vaccine Participation Signature Document • Active Michigan practice location required • Type 2 National Provider Identifier • Pharmacy needs to be a participating pharmacy for BCBSM/BCN Covered Members • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)