

## Provider Enrollment and Change Process Required Document Checklist

| <b>Provider Classification</b> | <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"> <li>• New Allied Provider Enrollment Form -or- Allied Provider Change Form</li> <li>• BCBSM Ambulance Combined Signature Document</li> <li>• Active Michigan practice location required</li> <li>• Michigan license as a Life Support Agency (ground and air)</li> <li>• Federal Aviation Association (FAA) 135 Certificate (air only)</li> <li>• Type 2 National Provider Identifier</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> </ul>   |
| Ambulatory Surgical Facility   | <ul style="list-style-type: none"> <li>• New Allied Provider Enrollment Form -or- Allied Provider Change Form</li> <li>• Type 2 National Provider Identifier</li> <li>• Medicare Approval Letter</li> <li>• Active Michigan practice location required</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> </ul>   |
| Anesthesia Assistant           | <ul style="list-style-type: none"> <li>• New Allied Provider Enrollment Form -or- Allied Provider Change Form</li> <li>• BCBSM Anesthesia Assistant Combined Signature Document</li> <li>• Active Michigan practice location required</li> <li>• Type 1 National Provider Identifier</li> <li>• Social Security Number</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9-s)</li> </ul>  |
| Audiologist                    | <ul style="list-style-type: none"> <li>• New Allied Provider Enrollment Form -or- Allied Provider Change Form</li> <li>• BCBSM Hearing Aid Dealer Combined Signature Document</li> <li>• Active Michigan practice location required</li> <li>• State of Michigan professional license number</li> <li>• Type 1 National Provider Identifier</li> <li>• Social Security Number</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9-s)</li> <li>• Council for Affordable Quality Healthcare (CAQH) number (if available)</li> </ul> |

|                                  |  |
|----------------------------------|--|
| Board Certified Behavior Analyst | <ul style="list-style-type: none"> <li>• New Mental Health Practitioner Enrollment Form -or- Mental Health Practitioner Change Form</li> <li>• BCBSM Board Certified Behavior Analyst Traditional Individual Signature Document</li> <li>• Active Michigan practice location required</li> <li>• Behavior Analyst Board Certification</li> <li>• Type 1 National Provider Identifier</li> <li>• Social Security Number</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> <li>• Council for Affordable Quality Healthcare (CAQH) number (if available)</li> </ul>  |
| Certified Nurse Midwife          | <ul style="list-style-type: none"> <li>• New Allied Practitioner Enrollment Form -or- Allied Provider Change Form</li> <li>• BCBSM Certified Nurse Midwife Combined Signature Document</li> <li>• Active Michigan practice location required</li> <li>• State of Michigan professional license number</li> <li>• Certification from the American College of Certified Nurse Midwives (ACCNM) with effective an expiration dates</li> <li>• Type 1 National Provider Identifier</li> <li>• Social Security Number</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCB)</li> <li>• <b>For CNMs performing deliveries, the following are also required:</b> <ul style="list-style-type: none"> <li>– Written confirmation of established privileges with hospital(s) and/or has hospital-affiliated birthing centers</li> </ul> </li> <li>• 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</li> </ul>   |
| Certified Nurse Practitioner     | <ul style="list-style-type: none"> <li>• New Allied Practitioner Enrollment Form -or- Allied Practitioner Change Form</li> <li>• BCBSM Certified Nurse Practitioner Combined Signature Document or BCBSM Certified Nurse Practitioner Including Behavioral Health Services Combined Signature Document</li> <li>• Active Michigan practice location required</li> <li>• State of Michigan professional license number</li> <li>• Certification from one of the following national entities with effective and expiration dates: <ul style="list-style-type: none"> <li>– American Nurse Credentialing Center (ANCC)</li> <li>– National Certification Corporation for the Obstetric/Gynecology and Neonatal Specialties</li> <li>– National Certification Board of Pediatric Nurse Practitioners and Nurses</li> <li>– Nurse Practitioner Program of the United States Department of Health and Human Services</li> <li>– The Oncology Nursing Certification Program</li> </ul> </li> <li>• Type 1 National Provider Identifier</li> <li>• Social Security Number</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> <li>• CAQH Number (if available)</li> </ul> |

|   |  |
|---|--|
| <p>Certified Registered Nurse Anesthetist</p> | <ul style="list-style-type: none"> <li>• New Allied Practitioner Enrollment Form -or- Allied Provider Change Form</li> <li>• BCBSM Certified Registered Nurse Anesthetist Combined Signature Document</li> <li>• Active Michigan practice location required</li> <li>• National Board of Certification &amp; Recertification for Nurse Anesthetists (NBCRNA) or,</li> <li>• Certification from the Council on Certification of Nurse Anesthetists or,</li> <li>• Certification from the Council on Recertification of Nurse Anesthetists</li> <li>• State of Michigan professional license</li> <li>• Type 1 National Provider Identifier</li> <li>• Social Security Number</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> <li>• Council for Affordable Quality Healthcare (CAQH) number (if available)</li> </ul> |
| <p>Chiropractor</p>                           | <ul style="list-style-type: none"> <li>• New Practitioner Enrollment Form -or- Allied practitioner Change Form</li> <li>• BCBSM Practitioner Combined Signature Document</li> <li>• Active Michigan practice location required</li> <li>• State of Michigan professional license</li> <li>• Type 1 National Provider Identifier</li> <li>• Social Security Number</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> <li>• Council for Affordable Quality Healthcare (CAQH) number (if available)</li> </ul>   |
| <p>Clinical Independent Laboratory</p>        | <ul style="list-style-type: none"> <li>• New Allied Provider Enrollment Form -or- Allied Provider Change Form</li> <li>• BCBSM Clinical Independent Lab Signature Document and/or Prudent Laboratory USE (PLUS) Clinical Laboratory Signature Document</li> <li>• Active Michigan practice location required</li> <li>• Clinical Laboratory Improvement Amendments (CLIA) Certificate</li> <li>• Type 2 National Provider Identifier</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> </ul>  |
| <p>Clinical Nurse Specialist Certified</p>    | <ul style="list-style-type: none"> <li>• New Mental Health Practitioner Enrollment form</li> <li>• New Mental Health Practitioner Enrollment Form -or- Mental Health Practitioner Change Form</li> <li>• BCBSM Clinical Nurse Specialist Combined Signature Document</li> <li>• Active Michigan practice location required</li> <li>• Clinical Nurse certification from ANCC</li> <li>• State of Michigan professional license</li> <li>• Type 1 National Provider Identifier</li> <li>• Social Security Number</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> <li>• Council for Affordable Quality Healthcare (CAQH) number (if available)</li> </ul>   |

|                                    |   |
|------------------------------------|---|
| Dentist                            | <ul style="list-style-type: none"> <li>• New Allied Practitioner Enrollment Form -or- Allied Practitioner Change Form</li> <li>• Active Michigan practice location required</li> <li>• State of Michigan professional license</li> <li>• Type 1 National Provider Identifier</li> <li>• Social Security Number</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> <li>• Council for Affordable Quality Healthcare (CAQH) number (if available)</li> </ul>   |
| Dietician                          | <ul style="list-style-type: none"> <li>• New Allied Provider Enrollment Form -or- Allied Provider Change Form</li> <li>• Active Michigan practice location required</li> <li>• Type1 National Provider Identifier</li> <li>• Medicare Approval Letter</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> </ul>  |
| Doctor of Medicine                 | <ul style="list-style-type: none"> <li>• New Practitioner Enrollment Form -or- Practitioner Change Form</li> <li>• BCBSM Practitioner Combined Signature Document</li> <li>• Active Michigan practice location required</li> <li>• State of Michigan professional license</li> <li>• Type 1 National Provider Identifier</li> <li>• Social Security Number</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> <li>• Council for Affordable Quality Healthcare (CAQH) number (if available)</li> </ul> |
| Doctor of Osteopathy               | <ul style="list-style-type: none"> <li>• New Practitioner Enrollment Form -or- Practitioner Change Form</li> <li>• BCBSM Practitioner Combined Signature Document</li> <li>• Active Michigan practice location required</li> <li>• State of Michigan professional license</li> <li>• Type 1 National Provider Identifier</li> <li>• Social Security Number</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> <li>• Council for Affordable Quality Healthcare (CAQH) number (if available)</li> </ul> |
| Durable Medical Equipment Supplier | <ul style="list-style-type: none"> <li>• New Allied Provider Enrollment Form -or- Allied Provider Change Form</li> <li>• BCBSM DME/Prosthetic and Orthotic Supplier Participation Signature Document</li> <li>• Active Michigan practice location required</li> <li>• Medicare Approval Letter</li> <li>• Type 2 National Provider Identifier</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM.BCN does not accept W-9s)</li> </ul>  |

|  |   |
|--|---|
| <p>Freestanding Radiology Center</p>           | <ul style="list-style-type: none"> <li>• New Allied Provider Enrollment Form -or- Allied Provider Change Form</li> <li>• BCBSM Freestanding Radiology Center Provider Signature Document</li> <li>• Active Michigan practice location required</li> <li>• Liability/Malpractice Insurance verification (for BCN, BCNA BCC networks)</li> <li>• Accreditation Certificate from one of the following: <ul style="list-style-type: none"> <li>• American College of Radiology or,</li> <li>• Intersocietal Accreditation Commission or,</li> <li>• The Joint Commission</li> </ul> </li> <li>• Certificate of Need for PET, MRI and Megavoltage Radiation Therapy</li> <li>• Medicare Approval Letter as an independent diagnostic testing facility or, a Medicare Approval Letter as a radiology physician practice matching primary practice location</li> <li>• Primary practice location in Michigan</li> <li>• Identified owner of Facility</li> <li>• Staff Roster (complete list) with Medical Director</li> <li>• Type 2 National Provider Identifier</li> <li>• Social Security Number</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> </ul> |
| <p>Hearing Aid Dealer</p>                      | <ul style="list-style-type: none"> <li>• New Allied Practitioner Enrollment Form -or- Allied Practitioner Change Form</li> <li>• BCBSM Hearing Aid Dealer Combined Signature Document</li> <li>• Active Michigan practice location required</li> <li>• State of Michigan professional license</li> <li>• Type 1 National Provider Identifier</li> <li>• Social Security Number</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> </ul>   |
| <p>Independent Diagnostic Testing Facility</p> | <ul style="list-style-type: none"> <li>• New Allied Provider Enrollment Form -or- Allied Provider Change Form</li> <li>• Active Michigan practice location required</li> <li>• Type 2 National Provider Identifier</li> <li>• Medicare Approval Letter</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> </ul>   |
| <p>Independent Occupational Therapist</p>      | <ul style="list-style-type: none"> <li>• New Practitioner Enrollment Form -or- Practitioner Change Form</li> <li>• BCBSM Independent Therapist Combined Signature Document</li> <li>• Active Michigan practice location required</li> <li>• State of Michigan professional license</li> <li>• Type 1 National Provider Identifier</li> <li>• Social Security Number</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> <li>• Council for Affordable Quality Healthcare (CAQH) number (if available)</li> <li>• Medicare Approval Letter</li> </ul>  |

|  |  |
|--|--|
| Independent Physical Therapist   | <ul style="list-style-type: none"> <li>• New Practitioner Enrollment Form -or- Practitioner Change Form</li> <li>• BCBSM Independent Therapist Combined Signature Document</li> <li>• Active Michigan practice location required</li> <li>• State of Michigan professional license</li> <li>• Type 1 National Provider Identifier</li> <li>• Social Security Number</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> <li>• Council for Affordable Quality Healthcare (CAQH) number (if available)</li> <li>• Medicare Approval Letter</li> </ul>   |
| Independent Speech Language Pathologist  | <ul style="list-style-type: none"> <li>• New Allied Practitioner Enrollment Form -or- Allied Practitioner Change Form</li> <li>• BCBSM Independent Therapist Combined Signature Document</li> <li>• Active Michigan practice location required</li> <li>• State of Michigan professional license, if available</li> <li>• Certificate of Clinical Competence from the American Speech-Language Hearing Association</li> <li>• Type 1 National Provider Identifier</li> <li>• Social Security Number</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> <li>• Council for Affordable Quality Healthcare (CAQH) number (if available)</li> <li>• Medicare Approval Letter</li> </ul> |
| Licensed Master of Social Worker<br>Licensed Marriage and Family Therapist<br>Licensed Professional Counselor<br>Limited Licensed Psychologist | <ul style="list-style-type: none"> <li>• New Mental Health Practitioner Enrollment Form -or- Mental Health Practitioner Change Form</li> <li>• Appropriate BCBSM Combined Signature Document for specific provider type</li> <li>• Active Michigan practice location required</li> <li>• State of Michigan professional license</li> <li>• Type 1 National Provider Identifier</li> <li>• Social Security Number</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> <li>• Council for Affordable Quality Healthcare (CAQH) number (if available)</li> </ul>  |
| Ophthalmologist  | <ul style="list-style-type: none"> <li>• New Practitioner Enrollment Form -or- Practitioner Change Form</li> <li>• BCBSM Ophthalmologist Combined Signature Document</li> <li>• Active Michigan practice location required</li> <li>• State of Michigan professional license</li> <li>• Type 1 National Provider Identifier</li> <li>• Social Security Number</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> <li>• Council for Affordable Quality Healthcare (CAQH) number (if available)</li> </ul>   |

|  |   |
|--|---|
| Optician/Optical Supplier                            | <ul style="list-style-type: none"> <li>• New Allied Provider Enrollment Form -or- Allied Provider Change Form</li> <li>• BCBSM Vision Specialist Provider Individual Participation Signature Document</li> <li>• Active Michigan practice location required</li> <li>• Type 2 National Provider Identifier</li> <li>• Social Security Number</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> </ul>   |
| Optometrist  | <ul style="list-style-type: none"> <li>• New Allied Practitioner Form -or- Allied Practitioner Change Form</li> <li>• BCBSM Optometrist Combined Signature Document</li> <li>• Active Michigan practice location required</li> <li>• State of Michigan professional license</li> <li>• Type 1 National Provider Identifier</li> <li>• Social Security Number</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> <li>• Council for Affordable Quality Healthcare (CAQH) number (if available)</li> </ul>   |
| Oral Surgeon (board certified medical-surgical only) | <ul style="list-style-type: none"> <li>• New Practitioner Enrollment Form -or- Practitioner Change Form</li> <li>• BCBSM Dental/Oral Surgeon Combined Signature Document</li> <li>• Active Michigan practice location required</li> <li>• State of Michigan professional license</li> <li>• Type 1 National Provider Identifier</li> <li>• Social Security Number</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> <li>• Council for Affordable Healthcare Quality (CAQH) number (if available)</li> </ul>  |
| Physician Assistant                                  | <ul style="list-style-type: none"> <li>• New Allied Practitioner Enrollment Form, Physician Assistant Re-enrollment Form or Allied Practitioner Change Form (as applicable)</li> <li>• BCBSM Physician Assistant Combined Signature Document</li> <li>• Active Michigan practice location required</li> <li>• Physician Assistant/ Physician Practice Agreement Attestation Form</li> <li>• Type 1 National Provider Identifier</li> <li>• State of Michigan professional license number</li> <li>• Social Security Number</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> <li>• Council for Affordable Quality Healthcare (CAQH) number (if available)</li> </ul> |

|                                   |   |
|-----------------------------------|---|
| Physiological Laboratory          | <ul style="list-style-type: none"> <li>• New Allied Provider Enrollment Form -or- Allied Provider Change Form</li> <li>• Active Michigan practice location required</li> <li>• Type 2 National Provider Identifier</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> <li>• Medicare Approval Letter</li> </ul>   |
| Podiatrist                        | <ul style="list-style-type: none"> <li>• New Practitioner Enrollment Form -or- Practitioner Change Form</li> <li>• BCBSM Practitioner Combined Signature Document</li> <li>• Active Michigan practice location required</li> <li>• State of Michigan professional license</li> <li>• Type 1 National Provider Identifier</li> <li>• Social Security Number</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> <li>• Council for Affordable Quality Healthcare (CAQH) number (if available)</li> </ul>   |
| Professional Group Practice       | <ul style="list-style-type: none"> <li>• New Group Enrollment Form -or- Group Change Form</li> <li>• BCBSM Traditional Network Participation Agreement Group Signature Document</li> <li>• Active Michigan practice location required</li> <li>• Type 2 National Provider Identifier</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> <li>• Medicare Approval Letter</li> </ul>   |
| Prosthetic and Orthotic Suppliers | <ul style="list-style-type: none"> <li>• New Allied Provider Enrollment Form -or- Allied Provider Change Form</li> <li>• BCBSM DME/Prosthetic and Orthotic Supplier Participation Signature Document</li> <li>• Active Michigan practice location required</li> <li>• Medicare Approval Letter</li> <li>• Type1 National Provider Identifier (for individually certified suppliers)</li> <li>• Type 2 National Provider Identifier (for organizationally certified suppliers)</li> <li>• Social Security Number (for individually certified suppliers)</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> </ul> <p>Valid certification for Prosthetic and Orthotic Checklist:</p> <ul style="list-style-type: none"> <li>• Accreditation Commission for Health Care INC</li> <li>• American Board of Certification in Orthotics &amp; Prosthetics</li> <li>• Board of Certification/Accreditation International</li> <li>• Commission of Accreditation of Rehabilitation Facilities</li> <li>• Community Health Accreditation Program</li> <li>• Health Care Quality Association on Accreditation</li> <li>• National Association of Boards of Pharmacy</li> <li>• The Compliance Team, Inc.</li> <li>• The Joint Commission</li> <li>• The National Board of Accreditation for Orthotic</li> </ul> |

|                               |  |
|-------------------------------|--|
| Psychiatrist                  | <ul style="list-style-type: none"> <li>• New Mental Health Practitioner Enrollment Form -or- Mental Health Practitioner Change Form</li> <li>• BCBSM Psychiatrist Combined Signature Document</li> <li>• Active Michigan practice location required</li> <li>• State of Michigan professional license</li> <li>• Type 1 National Provider Identifier</li> <li>• Social Security Number</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> <li>• Council for Affordable Quality Healthcare (CAQH) number (if available)</li> </ul>                |
| Psychologist (fully licensed) | <ul style="list-style-type: none"> <li>• New Mental Health Practitioner Enrollment Form -or- Mental Health Practitioner Change Form</li> <li>• BCBSM Fully Licensed Psychologist Combined Signature Document</li> <li>• Active Michigan practice location required</li> <li>• State of Michigan professional license</li> <li>• Type 1 National Provider Identifier</li> <li>• Social Security Number</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> <li>• Council for Affordable Quality Healthcare (CAQH) number (if available)</li> </ul> |
| Retail Health Center          | <ul style="list-style-type: none"> <li>• New Allied Provider Enrollment Form -or- Allied Provider Change Form</li> <li>• BCBSM Retail Health Center Provider Signature Document</li> <li>• Active Michigan practice location required</li> <li>• Type 2 National Provider Identifier</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> <li>• State of Michigan MD or DO licensed Medical Director</li> </ul>  |
| Urgent Care Center            | <ul style="list-style-type: none"> <li>• New Allied Provider Enrollment Form -or- Allied Provider Change Form</li> <li>• BCBSM Traditional Urgent Care Center Signature Document</li> <li>• Active Michigan practice location required</li> <li>• Type 2 National Provider Identifier</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> </ul>   |
| Vaccine Pharmacy              | <ul style="list-style-type: none"> <li>• New Provider Enrollment Form -or- Provider Change Form</li> <li>• BCBSM Pharmacy Vaccine Participation Signature Document</li> <li>• Active Michigan practice location required</li> <li>• Type 2 National Provider Identifier</li> <li>• Pharmacy needs to be a participating pharmacy for BCBSM/BCN Covered Members</li> <li>• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> </ul>  |