

## 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>
Athletic Trainer	<ul style="list-style-type: none"> <li>• New Allied Provider Enrollment Form -or- Allied Provider Change Form</li> <li>• BCBSM Athletic Trainer 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> <li>• Accredited by the Commission for Accreditation of Athletic Training Education (CAATE)</li> <li>• Successful completion/ passing the Board of Certification (BOC) examination</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>
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> </ul>
<p>Certified Registered Nurse Anesthetist</p>	<ul style="list-style-type: none"> <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- 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 -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> </ul>
<p>Freestanding Radiology Center</p>	<ul style="list-style-type: none"> <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>

<p>Independent Physical 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>
<p>Independent Speech Language Pathologist</p>	<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>
<p>Licensed Behavior Analyst</p>	<ul style="list-style-type: none"> <li>• New Mental Health Practitioner Enrollment Form -or- Mental Health Practitioner Change Form</li> <li>• Licensed Behavior Analyst Traditional Individual Signature Document</li> <li>• Active Michigan practice location required</li> <li>• Behavior Analyst state of Michigan 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>Licensed Master of Social Worker  Licensed Marriage and Family Therapist  Licensed Professional Counselor  Limited Licensed Psychologist</p>	<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> </ul>

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Physician Assistant	<ul style="list-style-type: none"> <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 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"> <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>