## 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 for one or more networks, check the appropriate box on the signature document before submitting.</th>
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<tbody>
<tr>
<td>Ambulance, Air and/or Ground</td>
<td>- New Allied Provider Enrollment Form -or- Allied Provider Change Form &lt;/br&gt; - BCBSM Ambulance Combined Signature Document &lt;/br&gt; - Active Michigan practice location required &lt;/br&gt; - Michigan license as a Life Support Agency (ground and air) &lt;/br&gt; - Federal Aviation Association (FAA) 135 Certificate (air only) &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>
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<tr>
<td>Ambulatory Surgical Facility</td>
<td>- New Allied Provider Enrollment Form -or- Allied Provider Change Form &lt;/br&gt; - Type 2 National Provider Identifier &lt;/br&gt; - Medicare Approval Letter &lt;/br&gt; - Active Michigan practice location required &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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<td>Anesthesia Assistant</td>
<td>- New Allied Provider Enrollment Form -or- Allied Provider Change Form &lt;/br&gt; - BCBSM Anesthesia Assistant Combined Signature Document &lt;/br&gt; - Active Michigan practice location required &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-9-s)</td>
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<td>Audiologist</td>
<td>- New Allied Provider Enrollment Form -or- Allied Provider Change Form &lt;/br&gt; - BCBSM Hearing Aid Dealer Combined Signature Document &lt;/br&gt; - Active Michigan practice location required &lt;/br&gt; - State of Michigan professional license number &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-9-s) &lt;/br&gt; - Council for Affordable Quality Healthcare (CAQH) number (if available)</td>
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</tbody>
</table>
| Board Certified Behavior Analyst | • New Mental Health Practitioner Enrollment Form -or- Mental Health Practitioner Change Form  
| | • BCBSM Board Certified Behavior Analyst Traditional Individual Signature Document  
| | • Active Michigan practice location required  
| | • 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  
| | • 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:  
| | • 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 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:  
| | • 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  
- 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  
- 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) |
| Chiropractor | - New Practitioner Enrollment Form -or- Allied 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) |
| Clinical Independent Laboratory | - 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)  
- Council for Affordable Quality Healthcare (CAQH) number (if available) |
| Certified Nurse Specialist | - New Mental Health Practitioner Enrollment Form -or- Mental Health Practitioner Change Form  
- BCBSM Clinical Nurse Specialist 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) |
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<tr>
<th>Profession</th>
<th>Requirements</th>
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<tbody>
<tr>
<td>Dentist</td>
<td>• New Allied Practitioner Enrollment Form -or- Allied Practitioner Change Form</td>
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<td>Dietitian</td>
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<td>Doctor of Medicine</td>
<td>• New Practitioner Enrollment Form -or- Practitioner Change Form</td>
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<td>• BCBSM Practitioner Combined Signature Document</td>
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<td>Doctor of Osteopathy</td>
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<td>Durable Medical Equipment</td>
<td>• New Allied Provider Enrollment Form -or- Allied Provider Change Form</td>
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<td>Supplier</td>
<td>• BCBSM DME/Prosthetic and Orthotic Supplier Participation Signature Document</td>
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| Freestanding Radiology Center | • 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:  
  • 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  
| • 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)  

| Independent Diagnostic Testing Facility | • 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)  

| Independent Occupational Therapist | • 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  

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<table>
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<tr>
<th>Profession</th>
<th>Required Documents</th>
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| Independent Physical Therapist          | • 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  | • 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 Master of Social Worker         | • 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) |
| Licensed Marriage and Family Therapist   |                                                                                                                                                                                                                       |
| Licensed Professional Counselor          |                                                                                                                                                                                                                       |
| Limited Licensed Psychologist            |                                                                                                                                                                                                                       |
| Ophthalmologist                          | • 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 | • 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 | • 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) | • 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 | • 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  
  • 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) |
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<tr>
<th>Professional Group Practice</th>
<th>Physiological Laboratory</th>
<th>Podiatrist</th>
<th>Prosthetic and Orthotic Suppliers</th>
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<tbody>
<tr>
<td>New Group Enrollment Form -or- Group Change Form</td>
<td>New Allied Provider Enrollment Form -or- Allied Provider Change Form</td>
<td>New Practitioner Enrollment Form -or- Practitioner Change Form</td>
<td>New Allied Provider Enrollment Form -or- Allied Provider Change Form</td>
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<td>BCBSM Traditional Network Participation Agreement Group Signature Document</td>
<td>BCBSM DME/Prosthetic and Orthotic Supplier Participation Signature Document</td>
<td>BCBSM Practitioner Combined Signature Document</td>
<td>BCBSM DME/Prosthetic and Orthotic Supplier Participation Signature Document</td>
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<td>Medicare Approval Letter</td>
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<td>Valid certification for Prosthetic and Orthotic Checklist:</td>
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<td>Accreditation Commission for Health Care INC</td>
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<td>American Board of Certification in Orthotics &amp; Prosthetics</td>
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<td>Board of Certification/Accreditation International</td>
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<td>Commission of Accreditation of Rehabilitation Facilities</td>
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<td>Community Health Accreditation Program</td>
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<td>Health Care Quality Association on Accreditation</td>
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<td>National Association of Boards of Pharmacy</td>
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<td>The Compliance Team, Inc.</td>
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<td>The Joint Commission</td>
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<td>The National Board of Accreditation for Orthotic</td>
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<tr>
<td>Provider Type</td>
<td>Required Forms</td>
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| Psychiatrist                  | • 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) | • 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          | • 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            | • 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              | • 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) |