

Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Documents required by BCBSM/BCN

Self Service Menu Item

Group Practice Agency Authorization Documents to Upload Upon Request

It is understood that the Group, its representative, or delegate is responsible for having each group member individual practitioner execute the Group Practice Agency Authorization and Acknowledgement Form. Group must retain copies of such executed form and provide to BCBSM upon request.

Corresponding Agreement to review and retain for your records

Move Practitioners (ending a practitioner's group affiliation with one Group and beginning an affiliation with another Group)

Note: Moving practitioners of varying types and specialties to the new Provider Group may require more than one version of the same document (one per unique type/specialty.)

When moving MD, DO, DC, DPM, Psychiatrists, and fully licensed Psychologists	<ul style="list-style-type: none"> BCBSM Group Practice Agency Authorization and Acknowledgement (PDF) (only when the Group is PAR with the BCBSM Traditional network) 	<ul style="list-style-type: none"> BCBSM Practitioner Traditional Participation Agreement (PDF)
When moving Licensed Behavior Analyst	<ul style="list-style-type: none"> BCBSM Group Practice Agency Authorization and Acknowledgement (PDF) (only when the Group is PAR with the BCBSM Traditional network) 	<ul style="list-style-type: none"> BCBSM Licensed Behavior Analyst Traditional Participation Agreement (PDF)
When moving Licensed Marriage and Family Therapists	<ul style="list-style-type: none"> BCBSM Group Practice Agency Authorization and Acknowledgement (PDF) (only when the Group is PAR with the BCBSM Traditional network) 	<ul style="list-style-type: none"> BCBSM Licensed Marriage and Family Therapist Agreement (PDF)
When moving Licensed Master Social Workers	<ul style="list-style-type: none"> BCBSM Group Practice Agency Authorization and Acknowledgement (PDF) (only when the Group is PAR with the BCBSM Traditional network) 	<ul style="list-style-type: none"> Clinical Licensed Masters Social Worker Participation Agreement (PDF)
When moving Licensed Professional Counselors	<ul style="list-style-type: none"> BCBSM Group Practice Agency Authorization and Acknowledgement (PDF) (only when the Group is PAR with the BCBSM Traditional network) 	<ul style="list-style-type: none"> Licensed Professional Counselor Participation Agreement (PDF)
When moving Limited Licensed Psychologists	<ul style="list-style-type: none"> BCBSM Group Practice Agency Authorization and Acknowledgement (PDF) (only when the Group is PAR with the BCBSM Traditional network) 	<ul style="list-style-type: none"> Limited Licensed Psychologist Participation Agreement (PDF)
When moving vision specialties (e.g. optometrist, ophthalmologist, optician)	<ul style="list-style-type: none"> BCBSM Group Practice Agency Authorization and Acknowledgement (PDF) (only when the Group is PAR with the BCBSM Traditional network) 	<ul style="list-style-type: none"> BCBSM Vision Specialist Provider Participation Agreement (PDF)

Documents required by BCBSM/BCN

Self Service Menu Item

Group Practice Agency Authorization Documents to Upload Upon Request

It is understood that the Group, its representative, or delegate is responsible for having each group member individual practitioner execute the Group Practice Agency Authorization and Acknowledgement Form. Group must retain copies of such executed form and provide to BCBSM upon request.

Corresponding Agreement to review and retain for your records

Move Practitioners (ending a practitioner’s group affiliation with one Group and beginning an affiliation with another Group)

Note: Moving practitioners of varying types and specialties to the new Provider Group may require more than one version of the same document (one per unique type/specialty.)

When moving hearing specialties (e.g. audiologist, hearing aid dealer, otolaryngologist)	<ul style="list-style-type: none"> BCBSM Group Practice Agency Authorization and Acknowledgement (PDF) (only when the Group is PAR with the BCBSM Traditional network) 	<ul style="list-style-type: none"> BCBSM Hearing Specialist Provider Participation Agreement (PDF)
When moving IPT, OPT and ISLPs	<ul style="list-style-type: none"> BCBSM Group Practice Agency Authorization and Acknowledgement (PDF) (only when the Group is PAR with the BCBSM Traditional network) 	<ul style="list-style-type: none"> BCBSM Independent Therapists Participation Agreement (PDF)
When moving Athletic Trainer	<ul style="list-style-type: none"> BCBSM Group Practice Agency Authorization and Acknowledgement (PDF) (only when the Group is PAR with the BCBSM Traditional network) 	<ul style="list-style-type: none"> BCBSM Athletic Trainer Participation Agreement (PDF)
When moving CNP	<ul style="list-style-type: none"> BCBSM Group Practice Agency Authorization and Acknowledgement (PDF) (only when the Group is PAR with the BCBSM Traditional network) 	<ul style="list-style-type: none"> BCBSM Certified Nurse Practitioner Provider Participation Agreement (PDF)
When moving PA	<ul style="list-style-type: none"> BCBSM Group Practice Agency Authorization and Acknowledgement (PDF) (only when the Group is PAR with the BCBSM Traditional network) 	<ul style="list-style-type: none"> BCBSM Physician Assistant Provider Participation Agreement (PDF)
When moving CRNA	<ul style="list-style-type: none"> BCBSM Group Practice Agency Authorization and Acknowledgement (PDF) (only when the Group is PAR with the BCBSM Traditional network) 	<ul style="list-style-type: none"> BCBSM Certified Registered Nurse Anesthetist Direct Reimbursement Participation Agreement (PDF)
When moving CNM	<ul style="list-style-type: none"> BCBSM Group Practice Agency Authorization and Acknowledgement (PDF) (only when the Group is PAR with the BCBSM Traditional network) 	<ul style="list-style-type: none"> BCBSM Certified Nurse Midwife Provider Participation Agreement (PDF)

Additional documents needed when the practitioner will be a BCN PCP with the NEW Group:

Guidelines for BCN PCP processing: [Medical Care Group \(MCG\) Endorsement Guidelines \(PDF\)](#)