Adding or changing participating provider or practice | Dental

Please complete all sections of the Abbreviated Application in its entirety. Approximate length of time to complete is 5 minutes. Forms submitted with incomplete and/or missing information will delay the processing of your request.

Adding an associate to additional location at existing practice

Joining a new practice

Adding an associate to existing practice

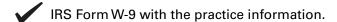
Relocation/Change of address or removing a location

1. Abbreviated application:

Complete **each** section of the form with indication *Not Applicable* (N/A) where appropriate. Please include an explanation in the comment section describing the changes you are requesting. Provide a list of additional locations the provider will be affiliated with including the TIN/EIN and group billing NPI.

*If the addition of a new location is a result of a practice acquisition please see New Practice Acquisition packet.

2. Attach photocopies of the following:



List of locations the provider is being affiliated with.

List of providers associated with the location change request.

Any questions may be directed to <u>dentalproviderrelations@usablelife.com</u>. You will receive a letter confirming your effective date.

*This Form is for providers that are currently credentialed with Arkansas Blue Cross and Blue Shield.





^{*}If provider is practicing in multiple states, license verification is required for each state.

Abbreviated provider application

The supporting documentation will serve as a request to make changes to your existing Arkansas Blue Cross and Blue Shield contract or initiate a new contract. Please note, participation in Arkansas Blue Cross and Blue Shield PPP is required to participate. You may request participation in additional Networks by selecting the applicable block(s) from the following list:

Arkansas Blue Cross and Blue Shield PPP

Arkansas Blue Cross and Blue Shield PPO

ArkansasBlue Medicare

| Provider signat | ure | | | | Da | te signed | | | | |
|---|--------------|-------------------|------|-------|---|---|-------------|-----------|--------|--|
| Adding location Adding network Changing | | | | | ; TIN | Adding as | sociate | | | |
| Provider first name Middl | | | | | e initial | tial Last name | | | | |
| Provider NPI Type-1 | | | | | NPI Type-2 | | | | | |
| Provider Specia | alty: Genera | al | Endo | Perio | Pedo | Prosth | no Ora | ıl surg | Ortho | |
| Office name | | | | | Contact name | | | | | |
| Office street address | | | | City | | | Sta | ate | ZIP | |
| Primary phone number Fax | | | | | Email address | | | | | |
| Languages spoken | | | | | Website | | | | | |
| Office Hours | | | | | | | | | | |
| Monday | Tuesday | Tuesday Wednesday | | Thu | rsday | Friday | / Sa | nturday | Sunday | |
| TDD Accessible by pub | | | | | olic trans | sportation | Handicap a | accessibl | е | |
| Technology used | | | | | Tax Identification Number (W-9 required for verification) | | | | | |
| Comments | | | | | | Return completed form to: | | | | |
| | | | | | Arkansas Blue Cross and Blue Shield | | | | | |
| | | | | | ATTN: Dental Provider Relations | | | | | |
| | | | | | | PO Box 1650 Little Rock, AR 72203 | | | | |
| | | | | | | or | ck, AK /220 | 3 | | |
| | | | | | | Fax: 501-208-8302 | | | | |
| | | | | | | Email: dentalproviderrelations@usablelife.com | | | | |
| | | | | | | | | | | |



