

# Adding a new network

Please complete all sections of the Network Contract in its entirety, document cannot be saved. 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 a new network

### 1. Participating Provider Agreement:

Participation in the **Arkansas Blue Cross PPP network is required**. You may also participate in any additional networks.

**Adding ArkansasBlue Medicare**

**Adding PPO**

### 2. Attach photocopies of the following:

- ✓ Network Selection Addendum
- ✓ Network Contract

Please make your request to join additional networks to [DentalProviderRelations@usablelife.com](mailto:DentalProviderRelations@usablelife.com). 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.**

# 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

<b>Provider signature</b>				<b>Date signed</b>				
<b>Adding location</b>		<b>Adding network</b>		<b>Changing TIN</b>		<b>Adding associate</b>		
<b>Provider first name</b>			<b>Middle initial</b>		<b>Last name</b>			
<b>Provider NPI Type-1</b>				<b>NPI Type-2</b>				
<b>Provider Specialty:</b>		General	Endo	Perio	Pedo	Prosth	Oral surg	Ortho
<b>Office name</b>				<b>Contact name</b>				
<b>Office street address</b>			<b>City</b>			<b>State</b>	<b>ZIP</b>	
<b>Primary phone number</b>		<b>Fax</b>		<b>Email address</b>				
<b>Languages spoken</b>				<b>Website</b>				
<b>Office Hours</b>								
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
<b>TDD</b>			<b>Accessible by public transportation</b>			<b>Handicap accessible</b>		
<b>Technology used</b>				<b>Tax Identification Number (W-9 required for verification)</b>				

**Comments**

**Return completed form to:**

Arkansas Blue Cross and Blue Shield  
 ATTN: Dental Provider Relations  
 PO Box 1650  
 Little Rock, AR 72203  
 or  
 Fax: 501-208-8302  
 Email: [dentalproviderrelations@usablelife.com](mailto:dentalproviderrelations@usablelife.com)