

# 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. (add hyper link to this document once it is uploaded to the web)

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

## 2. Attach photocopies of the following:

- ✓ IRS Form W-9 with the practice information.
- ✓ List of locations the provider is being affiliated with.
- ✓ List of providers associated with the location change request.

Any questions may be directed 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>				
<b>Comments</b>				<p><b>Return completed form to:</b>            Arkansas Blue Cross and Blue Shield            ATTN: Dental Provider Relations            PO Box 1650            Little Rock, AR 72203            or  <b>Fax:</b> 501-208-8302  <b>Email:</b> <a href="mailto:dentalproviderrelations@usablelife.com">dentalproviderrelations@usablelife.com</a></p>				