

Please complete all sections of the Abbreviated Application 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.

- Name Change**
- Specialty Change**

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.

2. **Attach photocopies of the following:**

- ✓ IRS Form W-9 with the practice information.
- ✓ Marriage License for name change.
- ✓ Copy of [Arkansas State Board](#) verification reflecting the updated change: Name or Specialty.

Any questions may be directed to 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

Completed Form can be emailed to dentalproviderrelations@usablelife.com or faxed to 501-208-8302.

Forms can also be mailed to: PO Box 1650 Little Rock AR 72203.

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 Signature: _____ Date: _____

Adding Location Adding Network Changing TIN Adding Associate

Provider Name _____

Provider NPI Type-1: _____ NPI Type-2: _____

Provider Specialty General Endo Perio Pedo Prostho Oral Surg Ortho

Office Name _____

Contact Name _____

Address _____

City _____ ZIP Code _____ County _____

Phone _____ Fax _____ Email _____

Languages Spoken _____ Website _____

Office Hrs: Mon: _____ Tues: _____ Wed: _____ Thur: _____ Fri: _____ Sat: _____ Sun: _____

TDD _____ Accessible by Public Transportation _____ Handicap Accessible _____

Technology Used _____

Tax Identification Number _____ (W-9 required for verification)

Comments _____

