Provider name or specialty change form | Dental

Please complete all sections of the Abbreviated Application in its entirety, document cannot be saved.

Approximate length of time to complete is five minutes. Forms submitted with incomplete and/or missing information will delay the processing of your request.

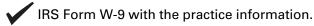
Name change

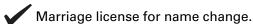
Specialty change

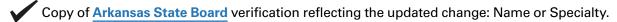
1. Abbreviated Application:

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:







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.





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 sign				Date of signature								
Adding loca	tion	Adding	netwoi	rk	Changing	TIN	Adding	g asso	ciate			
Provider first name Middle							initial		Last name			
Provider NPI type-1							NPI type-2					
Provider spec	ialty											
General	Endo	Perio) Pe	edo	Prostho	Ora	al Surg	Oı	tho			
Office name								Contact name				
Address					City			S	tate	ZIP	County	
Phone			Fax				Email					
Languages spoken							Website					
Office hours												
Mon:	Tues:		Wed	:	Thur	s:	Fr	i:		Sat:	Sun:	
TDD				Acce	essibly by p	public t	ranspor	tation	На	ndicap acc	cessible	
Technology u	sed						Tax ide	entifica	ation	number (W	V-9 requred for verification)
Comments				Return completed form to:								
					Arkansas Blue Cross and Blue Shield							
							ATTN: Dental Provider Network Operations					
							P	PO Box 1650				
					Little Rock AR 72203							
					or Fax: 501-208-8302							
							Email: dentalproviderrealations@usablelife.com					



