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.

☐ New Practice Acquisition

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. **Termination Request Form:**
   Termination request form for previous TIN and list of providers to terminate

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

   - ✓ IRS Form W-9 with the practice information.
   - ✓ IRS TIN verification letter for new TIN's.
   - ✓ Bill of Sale or letter explaining the acquisition with previous TIN and NPI and the new TIN and NPI.
   - ✓ List of providers associated with the location change request.

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.**

Arkansas BlueCross BlueShield
An Independent Licensee of the Blue Cross and Blue Shield Association

Arkansas Blue MEDICARE
An Independent Licensee of the Blue Cross and Blue Shield Association

Health Advantage
An Independent Licensee of the Blue Cross and Blue Shield Association

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 _____

_____

_____

Please complete all sections of the Termination Request Form 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.

- ☐ **Terminating from the Network**
- ☐ **Terminating from a location**

1. **Termination Request form**:
   Participation in the **Arkansas Blue Cross PPP network is required.** Termination from the PPP network will terminate all affiliated networks. Termination to a location if other locations are remaining active will not affect the provider's network status. Complete **each** section of the form with indication *Not Applicable* (N/A) where appropriate. Please include an explanation in the Comment Section describing the termination you are requesting.

   - ☐ **Full Network Termination**
   - ☐ **Terminating Medicare Advantage**
   - ☐ **Terminating PPO**
   - ☐ **Terminating from a location**

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

   - ✓ List of all locations provider is terminating from

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.**