BlueCross BlueShield Kansas

1133 SW Topeka Blvd.
Topeka, KS 66629-0001

bcbsks.com

In Topeka: 785-291-7000
In Kansas: 800-432-0216

Facility Recredentialing Application

Facility Name:
Legal or Corporate Name (if different than above):
EIN Number (Tax ID):
National Provider Identifier (NPI):
Current Medicare ID Number:
Facility Type (i.e., ASC, SNF, HHA, RHC):
Do you have a Quality Assurance and Performance Improvement Program in place? YES ☐ NO ☐
Primary Address:

Credentialing Contact

Name/Title:	
Email Address:	
Phone Number:	Fax Number:

Credentialing documentation must include the following information and be submitted along with the completed application.

- ☐ Copy of current state license
- ☐ Copy of current CLIA certificate (if applicable):
- ☐ Copy of Medicare and/or Medicaid certification letter
- ☐ Copy of Professional Liability Coverage
- ☐ Evidence of Accreditation or most recent Site Survey:
- ☐ Signed Authorization

Comments:

Signature:_____**Printed Name:**_____ **Date:**_____

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AUTHORIZATION

I certify that all information contained in this application and all its attachment are accurate, complete and true.

I understand that:

A. Any misrepresentation, misstatement or omission of a relevant fact in connection with this application may result in denial of application or termination of participation in the Blue Cross and Blue Shield of Kansas Organization;
B. It is providers responsibility to promptly advise the Blue Cross and Blue Shield of Kansas in writing within 30 days of any changes or additions to the information contained in this application;
C. All the information contained in this application, or it's attachments, is subject to the Blue Cross and Blue Shield of Kansas investigation and review;

NOTICE: The National Practitioner Data Bank will be required if you apply. If your application is rejected for reasons relating to professional conduct or professional competence, which reasons include misrepresenting, misstating, or omitting a relevant fact in connection with your application, the rejection may be reported to The National Practitioner Data Bank.

I authorize Blue Cross and Blue Shield of Kansas to consult with administrators and members of the medical staffs of hospitals or institutions with which I have been or am currently associated, and with others, including without limit past and present malpractice carriers, who may have information bearing on my professional competence, character and ethical qualifications. I further consent to the inspection by agents, employees, contractors, affiliates or other representatives of Blue Cross and Blue Shield of Kansas all documents that may be material to an evaluation of my professional competence, character and ethical qualifications.

I release from liability Blue Cross and Blue Shield of Kansas and all representatives of Blue Cross and Blue Shield of Kansas for their acts performed in good faith and without malice or negligence in connection with evaluating my application and my credentials and qualifications, and I release from any liability any and all individuals and organizations who provide information to Blue Cross and Blue Shield of Kansas in good faith and without malice or negligence concerning my professional competence, character and ethics. I consent to the release and exchange of information as allowed by law relating to any application, investigation, disciplinary action, suspension, or curtailment of participation status, membership and/or privileges of any type to or from Blue Cross and Blue Shield of Kansas.

Signature:_____ **Printed Name:**_____ **Date:**_____