

Provider Network Enrollment Request



Use this document to **request network enrollment forms** for a new provider or group contract. Any additional paperwork necessary will be sent to the office contact person you have indicated below for completion.

Fax or e-mail the completed request to:

Provider Network Services
Fax: (785) 290-0734
E-mail: Prof.Relations@bcbsks.com
Telephone: 1-800-432-3587 or (785) 291-4135, opt. 3
Attn: CC443D2, P.O. Box 239, Topeka, KS 66601

Behavioral Health Practitioners -
Complete and submit the Area of Expertise form with your network enrollment request.

Section 1 – Office Contact Information

First Name

Last Name

Office Contact Position/Title

Phone Number

E-mail Address

Fax Number

Section 2 – New Provider Information (complete for each provider)

Provider's First Name

Provider's Last Name

Gender Male Female

_____/_____/_____
Date of Birth

Location Address

City

State

ZIP Code

+4

Office Hours

CAQH Provider ID Number (CAQH must be updated/reattested)

_____-_____-_____
Social Security Number

Tax ID Number

Provider's NPI Number

Billing NPI Number

Provider's Specialty/Degree

If provider is an APRN or PA, provide collaborating/supervising physician. A supervising provider is also required for Athletic Trainers.

_____/_____/_____
Date provider will begin treating patients at this location

Location Phone Number

Location Fax Number

Will this provider be rendering telemedicine service? Yes No

Section 3 – New Group Contract

Entity Legal (W-9) Name

Entity/Corporation Owner(s), Partner(s), Investor(s)

Directory Name

Location Address

City

State

ZIP Code

+4

Office Hours

_____-_____-_____
Social Security Number

Tax ID Number

Organizational or Subpart NPI Number(s) applicable

Specialty

_____-_____-_____
Location Phone Number

_____-_____-_____
Location Fax Number

_____/_____/_____
Date patients will begin receiving services through this group

For each provider tied to the group, complete Section 2.
Attach additional pages for each location as needed.