



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Provider Enrollment and Change Process Required Document Checklist

Provider Classification	<i>To avoid processing delays...gather these items before you get started. If applying to network, complete the application signature document for each network.</i>
Ambulance, Air and/or Ground	<ul style="list-style-type: none"> ● New Allied Provider Enrollment Form -or- Allied Provider Change Form ● Michigan license as a Life Support Agency (ground and air) ● Federal Aviation Association (FAA) 135 Certificate (air only) ● Type 2 National Provider Identifier ● Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)
Ambulatory Surgical Facility	<ul style="list-style-type: none"> ● New Allied Provider Enrollment Form -or- Allied Provider Change Form ● Type 2 National Provider Identifier ● Medicare Approval Letter ● Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)
Anesthesia Assistant	<ul style="list-style-type: none"> ● New Allied Provider Enrollment Form -or- Allied Provider Change Form ● Type 1 National Provider Identifier ● Social Security Number ● Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9-s)
Audiologist	<ul style="list-style-type: none"> ● New Allied Provider Enrollment Form -or- Allied Provider Change Form ● State of Michigan professional license number ● Type 1 National Provider Identifier ● Social Security Number ● Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9-s) ● Council for Affordable Quality Healthcare (CAQH) number (if available)

<p>Certified Nurse Midwife</p>	<ul style="list-style-type: none"> ●New Allied Practitioner Enrollment Form -or- Allied Provider Change Form ●State of Michigan professional license number ●Certification from the American College of Certified Nurse Midwives (ACCNM) with effective and expiration dates ●Type 1 National Provider Identifier ●Social Security Number ●Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCB) ●For CNMs performing deliveries, the following are also required: <ul style="list-style-type: none"> ○ Written confirmation of established privileges with hospital(s) and/or has hospital-affiliated birthing centers ●Written confirmation of an established, interdependent relationship for medical consultation/collaboration or referral to an OB/GYN - refer to Addendum B, Qualification Standards in CNM Provider Participation Agreement ●Medicare Approval Letter
<p>Certified Nurse Practitioner</p>	<ul style="list-style-type: none"> ●New Allied Practitioner Enrollment for -or- Allied Practitioner Change Form ●State of Michigan professional license number ●Certification from one of the following national entities with effective and expiration dates: <ul style="list-style-type: none"> ○American Nurse Credentialing Center (ANCC) ○National Certification Corporation for the Obstetric/Gynecology and Neonatal Specialties ○National Certification Board of Pediatric Nurse Practitioners and Nurses ○Nurse Practitioner Program of the United States Department of Health and Human Services ○The Oncology Nursing Certification Program ●Type 1 National Provider Identifier ●Social Security Number ●Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) ●CAQH Number (if available) ●Medicare Approval Letter
<p>Certified Registered Nurse Anesthetist</p>	<ul style="list-style-type: none"> ●New Allied Practitioner Enrollment Form -or- Allied Provider Change Form ●National Board of Certification & Recertification for Nurse Anesthetists (NBCRNA) or, ●Certification from the Council on Certification of Nurse Anesthetists or, ●Certification from the Council on Recertification of Nurse Anesthetists ●State of Michigan professional license ●Type 1 National Provider Identifier ●Social Security Number ●Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) ●Council for Affordable Quality Healthcare (CAQH) number (if available) ●Medicare Approval Letter

Chiropractor	<ul style="list-style-type: none"> ●New Practitioner Enrollment Form -or- Allied practitioner Change Form ●State of Michigan professional license ●Type 1 National National Provider Identifier ●Social Security Number ●Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) ●Council for Affordable Quality Healthcare (CAQH) number (if available)
Clinical Independent Laboratory	<ul style="list-style-type: none"> ●New Allied Provider Enrollment Form -or- Allied Provider Change Form ●Clinical Laboratory Improvement Amendments (CLIA) Certificate ●Type 2 National Provider Identifier ●Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)
Certified Nurse Specialist	<ul style="list-style-type: none"> ●New Mental Health Practitioner Enrollment Form -or- Mental Health Practitioner Change Form ●State of Michigan professional license ●Type 1 National Provider Identifier ●Social Security Number ●Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) ●Council for Affordable Quality Healthcare (CAQH) number (if available)
Dentist	<ul style="list-style-type: none"> ●New Allied Practitioner Enrollment Form -or- Allied Practitioner Change Form ●State of Michigan professional license ●Type 1 National Provider Identifier ●Social Security Number ●Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) ●Council for Affordable Quality Healthcare (CAQH) number (if available)
Doctor of Medicine	<ul style="list-style-type: none"> ●New Practitioner Enrollment Form -or- Practitioner Change Form ●State of Michigan professional license ●Type 1 National National Provider Identifier ●Social Security Number ●Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) ●Council for Affordable Quality Healthcare (CAQH) number (if available)
Doctor of Osteopathy	<ul style="list-style-type: none"> ●New Practitioner Enrollment Form -or- Practitioner Change Form ●State of Michigan professional license ●Type 1 National National Provider Identifier ●Social Security Number ●Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) ●Council for Affordable Quality Healthcare (CAQH) number (if available)

Durable Medical Equipment Supplier	<ul style="list-style-type: none"> ●New Allied Provider Enrollment Form -or- Allied Provider Change Form ●Medicare Approval Letter ●Type 2 National Provider Identifier ●Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)
Hearing Aid Dealer	<ul style="list-style-type: none"> ●New Allied Practitioner Enrollment Form -or- Allied Practitioner Change Form ●State of Michigan professional license ●Type 1 National Provider Identifier ●Social Security Number ●Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)
Independent Diagnostic Testing Facility	<ul style="list-style-type: none"> ●New Allied Provider Enrollment Form -or- Allied Provider Change Form ●Type 2 National Provider Identifier ●Medicare Approval Letter ●Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)
Independent Occupational Therapist	<ul style="list-style-type: none"> ●New Practitioner Enrollment Form -or- Practitioner Change Form ●State of Michigan professional license ●Type 1 National National Provider Identifier ●Social Security Number ●Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) ●Council for Affordable Quality Healthcare (CAQH) number (if available) ●Medicare Approval Letter
Independent Physical Therapist	<ul style="list-style-type: none"> ●New Practitioner Enrollment Form -or- Practitioner Change Form ●State of Michigan professional license ●Type 1 National National Provider Identifier ●Social Security Number ●Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) ●Council for Affordable Quality Healthcare (CAQH) number (if available) ●Medicare Approval Letter
Independent Speech Language Pathologist	<ul style="list-style-type: none"> ●New Allied Practitioner Enrollment Form -or- Allied Practitioner Change Form ●State of Michigan professional license, if available ●Certificate of Clinical Competence from the American Speech-Language-Hearing Association ●Type 1 National Provider Identifier ●Social Security Number ●Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) ●Council for Affordable Quality Healthcare (CAQH) number (if available) ●Medicare Approval Letter

Licensed Master of Social Worker	<ul style="list-style-type: none"> ●New Mental Health Practitioner Enrollment Form -or- Mental Health Practitioner Change Form ●State of Michigan professional license ●Type 1 National Provider Identifier ●Social Security Number ●Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) ●Council for Affordable Quality Healthcare (CAQH) number (if available)
Ophthalmologist	<ul style="list-style-type: none"> ●New Practitioner Enrollment Form -or- Practitioner Change Form ●State of Michigan professional license ●Type 1 National National Provider Identifier ●Social Security Number ●Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) ●Council for Affordable Quality Healthcare (CAQH) number (if available)
Optician/Optical Supplier	<ul style="list-style-type: none"> ●New Allied Provider Enrollment Form -or- Allied Provider Change Form ●Type 2 National Provider Identifier ●Social Security Number ●Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)
Optometrist	<ul style="list-style-type: none"> ●New Allied Practitioner Form -or- Allied Practitioner Change Form ●State of Michigan professional license ●Type 1 National Provider Identifier ●Social Security Number ●Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) ●Council for Affordable Quality Healthcare (CAQH) number (if available)
Oral Surgeon (board certified medical-surgical only)	<ul style="list-style-type: none"> ●New Practitioner Enrollment Form -or- Practitioner Change Form ●State of Michigan professional license ●Type 1 National National Provider Identifier ●Social Security Number ●Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) ●Council for Affordable Healthcare Quality (CAQH) number (if available)
Physician Assistant	<ul style="list-style-type: none"> ●New Allied Practitioner Enrollment Form -or- Allied Practitioner Form ●BCBSM Physician Assistant Supervising Physician/Employer Certification Form ●Type 1 National Provider Identifier ●Social Security Number

Physiological Laboratory	<ul style="list-style-type: none"> ●New Allied Provider Enrollment Form -or- Allied Provider Change Form ●Type 2 National Provider Identifier ●Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) ●Medicare Approval Letter
Podiatrist	<ul style="list-style-type: none"> ●New Practitioner Enrollment Form -or- Practitioner Change Form ●State of Michigan professional license ●Type 1 National National Provider Identifier ●Social Security Number ●Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) ●Council for Affordable Quality Healthcare (CAQH) number (if available)
Professional Group Practice	<ul style="list-style-type: none"> ●New Group Enrollment Form -or- Group Change Form ●Type 2 National Provider Identifier ●Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) ●Medicare Approval Letter
Prosthetic and Orthotic Suppliers	<ul style="list-style-type: none"> ●New Allied Provider Enrollment Form -or- Allied Provider Change Form ●Medicare Approval Letter ●Type1 National Provider Identifier (for individually certified suppliers) ●Type 2 National Provider Identifier (for organizationally certified suppliers) ●Social Security Number (for individually certified suppliers) ●Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) <p>Valid certification for Prosthetic and Orthotic Checklist:</p> <ul style="list-style-type: none"> ●Accreditation Commision for Health Care INC ●American Board of Certification in Orthotics & Prosthetics ●Board of Certification/Accreditation International ●Commission of Accreditation of Rehabilitation Facilities ●Community Health Accreditation Program ●Health Care Quality Association on Accreditation ●National Association of Boards of Pharmacy ●The Compliance Team, Inc. ●The Joint Commission ●The National Board of Accreditation for Orthotic
Psychiatrist	<ul style="list-style-type: none"> ●New Mental Health Practitioner Enrollment Form -or- Mental Health Practitioner Change Form ●State of Michigan professional license ●Type 1 National Provider Identifier ●Social Security Number ●Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) ●Council for Affordable Quality Healthcare (CAQH) number (if available)

Psychologist (fully licensed)	<ul style="list-style-type: none"> ●New Mental Health Practitioner Enrollment Form -or- Mental Health Practitioner Change Form ●State of Michigan professional license ●Type 1 National Provider Identifier ●Social Security Number ●Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) ●Council for Affordable Quality Healthcare (CAQH) number (if available)
Urgent Care Center	<ul style="list-style-type: none"> ●New Allied Provider Enrollment Form -or- Allied Provider Change Form ●Type 2 National Provider Identifier ●Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)
Vaccine Pharmacy	<ul style="list-style-type: none"> ●New Provider Enrollment Form -or- Provider Change Form ●Type 2 National Provider Identifier ●Copy of BCBSM Pharmacy Network Administration Approval Letter (contact pharmacynetworkadmin@bcbsm.com to obtain approval letter) ●Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)