

Provider Directory Maintenance Form



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Blue Cross Blue Shield of North Dakota (BCBSND) is required to conduct annual provider outreach to ensure that our Provider Directory is current and providing accurate information for our members, your patients. If you received a letter in the mail directing you to this form, please list the billing NPI that was in the upper right-hand corner of the letter, then complete the red required fields and any applicable fields that follow.

If a list of practitioners was included with your letter, please verify and submit a New Location Request Form for anyone missing from that list.

If you bill using more than one NPI or have multiple practice locations for which you'd like to communicate changes, please complete a separate form per location or billing NPI. Also, if space is too limited, attachments are acceptable.

| Business Information | | | |
|---|-----|------------------------------|-----------------------------|
| Credentialing Contact Information | | | |
| Business Name | | NPI | |
| Practice Address | | | |
| City | | State | Zip |
| Appointment Phone | Fax | Website URL | |
| Contact Name | | Title | |
| Mailing Address | | | |
| City | | State | Zip |
| Phone | Fax | Email | |
| Please verify your organization's current information on the "Find a Doctor" website at www.BCBSND.com . The image at the bottom of this form is an example of a provider search. | | | |
| Is any of the following information in need of update according to what you found on "Find a Doctor?" | | | |
| <ul style="list-style-type: none">• Handicap accessibility• Contact information (i.e. appointment phone number)• Languages spoken in office (appointment desk)• Business/location closures or physical address changes• Providers in your clinic retired or terminated employment• New patient or patient age range acceptance | | | |
| <input type="checkbox"/> Yes (Please complete the applicable sections below.) | | | |
| <input type="checkbox"/> No (Selecting "No" will advance directly to the submit button.) | | | |
| Directory Information | | | |
| Is your location handicap accessible? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| What languages, other than English, are fluently spoken within your organization? | | | |

Address Changes**Old Practice Address**

| | | |
|---------------|-------|-----|
| Building Name | | |
| Address | | |
| City | State | Zip |

New Practice Address *(If there are other address changes such as mailing, check, lock box, credentialing or 1099 tax forms, please describe in an attachment)*

| | | |
|---------------|-------|-----|
| Building Name | | |
| Address | | |
| City | State | Zip |

Practice Information**Terminated Practitioners** *(Names of all practitioners listed in the directory who are no longer practicing at your organization (retired, termed employment, etc.) and the effective date)*

| Practitioner Name | Reason | Date |
|-------------------|--------|------|
| Practitioner Name | Reason | Date |
| Practitioner Name | Reason | Date |
| Practitioner Name | Reason | Date |
| Practitioner Name | Reason | Date |

New Patient Acceptance *(Names of all practitioners who are displayed in the directory as accepting new patients that are NOT currently accepting new patients)*

| |
|-------------------|
| Practitioner Name |
| Practitioner Name |
| Practitioner Name |
| Practitioner Name |
| Practitioner Name |

Patient Age Restrictions *(Please list all practitioners who are displayed in the directory that have patient age restrictions displayed incorrectly)*

| | |
|-------------------|-------------|
| Practitioner Name | Restriction |
| Practitioner Name | Restriction |
| Practitioner Name | Restriction |
| Practitioner Name | Restriction |
| Practitioner Name | Restriction |

Practice Information (Continued)

Hospital Admitting Privileges (Please list all practitioners who have hospital admitting privileges)

| | | |
|-------------------|----------|------|
| Practitioner Name | Hospital | Date |
| Practitioner Name | Hospital | Date |
| Practitioner Name | Hospital | Date |
| Practitioner Name | Hospital | Date |
| Practitioner Name | Hospital | Date |
| Practitioner Name | Hospital | Date |

Tax ID Changes

Have there been any changes of tax ID in the last 12 months? Yes No

If yes, was debt and liability assumed by the new tax ID? Please describe and include date(s) below.

Completed forms can be returned by:

- Email: prov.net@bcbsnd.com
- Mail: Blue Cross Blue Shield of North Dakota
Attn: Credentialing & Data Management
4510 13th Avenue South
Fargo, ND 58121

Please verify your organization's current information on the "Find a Doctor" website at www.BCBSND.com. The image below is an example of a provider search.

The screenshot shows the 'FIND A DOCTOR' interface. On the left is a sidebar with filters for 'TYPE' (Doctors & Medical Professionals, Urgent Care, Labs & Diagnostics, Medical Supplies, Clinics), 'SPECIALTY', 'DETAILS', and 'AFFILIATION'. The main search area includes a 'FIND DOCTORS & HOSPITALS' section with a dropdown for 'BCBS PARTICIPATING PROVIDERS', a text input for 'Type name, hospital, clinic, specialty or condition', and a 'SEARCH' button. Below this is a map showing search results. The results list includes a 'Chiropractor' entry with a hospital icon and a 'Practitioner' entry with a person icon. Green arrows point to the network dropdown, the search input, the location/distance dropdown, the search button, the hospital icon, and the person icon.