## **Accepting New Patients Update Form**



If you have had a recent change in whether or not you are seeing new patients at any location, please complete this form, and we will update your file.

If making changes to multiple locations with the same EIN, please attach a list of all locations the change applies to. Submit a separate form for each EIN.

Yes, I am accepting new patients.

No, I am not currently accepting new patients.

If you have any questions, please call 800-756-2749 or send an email to prov.net@bcbsnd.com.

Provider Information			
Provider Name		Individual NPI	
Clinic/Facility Name		EIN	
Address			
City	State		Zip
Submitter's Name	Submitter's Email		

If you are having difficulty submitting the form once completed, please send using one of the following methods:

- Email:
  - Click on "File" at the top of your screen
  - Click on "Save As"
  - Save the completed form on your computer
  - Attach the completed form to an email and send to providerforms@bcbsnd.com
- Fax: 701-282-1910
- Mail: 4510 13th Ave. S. Fargo, ND 58121