Participating Provider – New Location/Business Relationship

As a Participating Provider with BCBSND, it is not necessary to complete a full credentialing application. However, the following information is needed to set up the new location and/or business relationship.

You can send completed forms by:

- Fax: 701-282-1910
- Mail: Blue Cross Blue Shield of North Dakota
  4510 13th Ave S
  Fargo, ND 58121

Provider Information

Provider Name		Social Security Number
NPI	Specialties	
Business/Corporation Name		Organization NPI
Practicing Address Street		Billing/Mailing Address (*If different from practicing address*) Street
City State Zip		City State Zip
Is this the Primary Practice Location for this Provider? ☐ Yes ☐ No		
Should this provider display in the directory? ☐ Yes ☐ No		
Patient Appointment Phone #	Clinic Telephone #	Provider Phone # (*If different from clinic*)
Tax Identification Number (TIN)		Effective Date

Malpractice Liability Insurance

Current Carrier	Policy Number
Amount of Coverage Occurrence	Amount of Coverage Aggregate
Issue Date (*MM/DD/YYYY*)	Expiration Date (*MM/DD/YYYY*)

Signature

I, the undersigned, hereby certify and attest to the fact that all the information submitted by me in this form is true and accurate to the best of my knowledge and belief.

Provider Signature	Date (*MM/DD/YYYY*)

Contact Information

Form Completed by (Name)*			
Mailing Address for Correspondence Street*	City*	State*	Zip*
Email*	Phone	Fax	