



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.

Provider Name: _____

Individual NPI: _____

Clinic/Facility Name: _____

EIN: _____

City: _____

State: _____

Yes, I am accepting new patients! No, I am not currently accepting new patients.

Submitter's Name: _____

Submitter's Email: _____

Submit

If you would like to send by email, please click submit to send electronically.

Print

If you wish to send via fax or mail, please print and:

Fax to: (701) 282-1910 or

Mail to: BCBSND
Attn: Provider Networks
4510 13th Ave. S
Fargo, ND 58121