

# 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 VID# that was in the upper right-hand corner of the letter, then complete the form. Required fields are in red.

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			
Business Name		Tax ID	NPI
Main Practice Address	City	State	Zip
Appointment Phone	Fax	Website URL	
<b>Did any of the following change in 2018 or 2019?</b>			
<ul style="list-style-type: none"><li>Contact Information</li><li>Tax ID</li><li>Practice Location</li><li>Provider Employment/Termination</li><li>Patient Acceptance</li><li>Patient Age Range</li><li>Hospital Admitting Privileges</li></ul>			
<input type="checkbox"/> Yes (Please complete the applicable sections below.)			
<input type="checkbox"/> No (Please return form as instructed at the bottom of the document.)			
Credentialing Contact Information			
Name			Title
Mailing Address			
Phone	Fax	Email	
Is your location handicap accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Because today's healthcare is a global industry, cultural competency is vital for clear communication. Does your organization provide cultural competency training to staff? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What languages, other than English, are fluently spoken within your organization?			
Tax ID Changes			
Have there been any changes of ownership/tax ID in 2018 or 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please describe and include date(s).			

## Address Changes

Old Practice Address		
Building Name	Address	
City	State	Zip
New Practice Address		
Building Name	Address	
City	State	Zip
Other address changes (such as mailing, check, lock box, credentialing or 1099 tax forms):		

## Practice Information

We are asking that you review the practitioners listed at your business locations on the Provider Directory (Find a Doctor) on the BCBSND website (<https://www.bcbsnd.com/find-a-doctor>). These are the practitioners that you have credentialed with us (see page 3 of this document). The information provided in the directory is pulled from the information that is provided by you, so please take the time to review for accuracy. This is your opportunity to make changes.

### 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
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 whose hospital admitting privileges might have changed in 2018 or 2019)

Practitioner Name	Hospital	Date
Practitioner Name	Hospital	Date
Practitioner Name	Hospital	Date
Practitioner Name	Hospital	Date
Practitioner Name	Hospital	Date
Practitioner Name	Hospital	Date

Completed forms can be sent by:

- Email: prov.net@bcbsnd.com
- Fax: 701-282-1910
- Mail: 4510 13th Avenue South  
ATTN: Provider Networks  
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' website interface. On the left is a sidebar with filters for 'TYPE' (Doctors & Medical Professionals, Hospitals & Outpatient 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 search input field, and a location/distance selector. A 'SEARCH' button is below. A map shows search results. Two result cards are visible, each with a 'Business info' icon and a 'Practitioner info' icon. Green arrows point to these elements with labels: 'Select a network', 'Search business name', 'Select city, state and distance', 'Business info', and 'Practitioner info'. A note on the right states: 'Note: Find a doctor information is updated often. However, if you see something you think is incorrect, call the customer service number on the back of your member ID card or 1-844-363-8457 (TTY 711) so we can fix it. Thank you.'