



An Independent Licensee of the Blue Cross and Blue Shield Association

AUXILIARY PROVIDER APPLICATION

This form is used to establish a provider with Blue Cross and Blue Shield of Alabama and assign provider number. Assignment of a provider number is based on the ability of Blue Cross to verify the information below. If we are unable to verify the information, a number will not be assigned. This form should be filled out completely. Please print, complete and fax to 205-220-9545.

<input type="checkbox"/> Add New Provider/Facility
<input type="checkbox"/> Update existing provider/facility information
<input type="checkbox"/> Add a location
<input type="checkbox"/> Update existing location
Effective Date of Change ____-____-_____

Provider Information

Provider/Facility Name		National Provider Identifier (NPI) ____-____-_____	
Date of Birth ____-____-_____	Social Security Number ____-____-_____		
Doing Business As (If different from Legal Business Name)			
Office Address		Email	
City	State	Zip	County
Telephone ____-____-_____		Fax Number ____-____-_____	
License Number		Specialty	

Payee/Remittance Information

Legal Business Name as Reported to the IRS			
Tax Identification Number		Payee/Remittance NPI	
Payee Address		Email	
City	State	Zip	County
Telephone ____-____-_____		Fax Number ____-____-_____	
Tax Address			

Contact Information

Name		Email	
Telephone ____-____-_____		Fax Number ____-____-_____	

Please make all payments to: To Provider at above Payee To Patient

Requires original signature of provider or authorized representative.

I certify this information is complete and correct to the best of my knowledge.

_____ Signature (Required)	_____ Title (Required)	____-____-_____ Date
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