



BIOMETRIC SCREENING FACILITY 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.

Facility Information

Provider/Facility Name National Provider Identifier (NPI)

Doing Business As (If different from Legal Business Name)

Office Address

City State Zip County

Telephone Fax Number Email

Daily Biometric Screening Availability

Table with 4 columns (Business Hours, Sunday, Monday, Tuesday) and 2 rows (Wednesday, Thursday, Friday, Saturday) for AM and PM slots.

Payee/Remittance Information

Legal Business Name as Reported to the IRS

Tax Identification Number Payee/Remittance NPI

Payee Address

City State Zip County

Telephone Fax Number Email

Tax Address

Contact Information

Name

Telephone Fax Number Email

Please make all payments to: [] To Provider at above Payee

Requires original signature of provider or authorized representative.

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

Signature Title Date