BlueCross BlueShield of Alabama

FACILITY BUSINESS NETWORK INTEREST FORM

An Independent Licensee of the Blue Cross and Blue Shield Association

This form is required for all new applicants, providers being recredentialed and any provider interested in being added to a network. New providers must also complete an enrollment application found at **AlabamaBlue.com/Providers**. Providers adding a new location must submit this form to have Par Status added to the new location.

As a provider enrolling with Blue Cross and Blue Shield of Alabama, being recredentialed or adding a new location with a new tax ID, I would like to express my interest or continued interest in applying for the Provider Networks indicated. I understand expressing my interest in any of these programs is not an entitlement or guarantee of acceptance as a participant in any network offered by Blue Cross. I understand that prior to an offer to participate, my credentials will be verified along with the business need for additional providers in these networks.

	Network			Ξ	igible Provider			Networl Status
	Participating Ground Ambulance/All Kids/ Blue Advantage [®]	Ground	Ground Ambulance					Open
	Participating Air Ambulance/Blue Advantage	Air Amb	oulance					Open
	Participating Ambulatory Surgery Center	Multi-Sp	pecialty					Open
	Preferred Single Specialty Ambulatory Surgery C	enter Derm	natology	Eye	Gastroenterolog	y Plast	tic Surgery	Open
	Participating Dialysis	Dialysis	i					Open
	Preferred Medical Laboratory (PML)	Clinical	Labs with	CLIA C	ertification			Open
	Participating Residential Treatment Facility	Certified	d by the A	labama	Department of Me	ntal Health	1	Open
	Blue Advantage – Medicare Advantage Program	Men Porta	; ne Health tal Health able Imag :-Pharmac	е	Pharmacy Rural Health	D oratory		Open
	Preferred Home Health Agency	Home H	Home Health Agency					Open
	Preferred Home Infusion Agency	Home Ir	Home Infusion Agency					Open
	Preferred Durable Medical Equipment (DME)	DME Su	DME Supplier with physical facility within Alabama					Open
	Preferred Hospice Network	Hospice	Hospice agency with AL Dept. of Health Certificate					Open
	NO – I am not interested in participating in any Blue Cross network.							
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