



# OUT-OF-STATE ANCILLARY PROVIDER FORM

**This form is used to establish a provider with Blue Cross and Blue Shield of Alabama and assign a 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 follow the submission instructions below. For questions, contact Customer Service at 1-800-517-6425.**

<input type="checkbox"/> Add new provider	<input type="checkbox"/> Update existing provider information	<input type="checkbox"/> Add a location	<input type="checkbox"/> Update existing location	<b>Effective Date of Change</b>
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Provider Information				
Legal Business Name as Reported to the IRS			National Provider Identifier (NPI)	
Doing Business As (if different from Legal Business Name)				
Office Address				
City	State	Zip	County	
Telephone	Fax Number	Email		
Handicap Accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No				

Specialty
Specialty: <input type="checkbox"/> Durable Medical Equipment (DME) <input type="checkbox"/> Laboratory <input type="checkbox"/> Specialty Pharmacy

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		

Contact Information		
Name		
Telephone	Fax Number	Email

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

Submission Instructions	
<b>Fax to:</b> Blue Cross and Blue Shield of Alabama Out-of-State Provider Data 205-402-5769	<i>Please allow 72 hours for the assignment of a provider number.</i>