



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

PREFERRED RADIOLOGY PROVIDER PROGRAM NEW PHYSICIAN NOTIFICATION

The Preferred Radiology Provider (PRP) Program New Physician Notification form needs to be completed whenever a Preferred Medical Doctor (PMD) provides services at your location and needs to be considered for addition to the Preferred Radiology Network as an accredited MRI, MRA, CT, CTA, PET or Nuclear Medicine Provider. The completed form will help Blue Cross and Blue Shield of Alabama identify all new physicians coming into this Network and will allow us to assure that each of these physicians receives all of the benefits of this Network.

Effective Date		
Month	Date	Year
<input type="text"/>	- <input type="text"/>	- <input type="text"/>

PRP Group Name (DBA)				Tax ID Number	
New Physician Name				Individual NPI (National Provider Identifier)	
Office Address					
City		State	Zip	County	
E-mail		Office Phone		Fax Number	
Mailing Address					
City		State	Zip	County	
Accredited Certification (include copy of accreditation certificate): <input type="checkbox"/> MRI/MRA <input type="checkbox"/> CT/CTA <input type="checkbox"/> PET <input type="checkbox"/> Nuclear Medicine					
Printed Name of person completing this form				Contact person's Phone	
Contact person's Email					

Please note that a physician must be a PMD with Blue Cross and that the location must be accredited in MRI, MRA, CT, CTA or PET or Nuclear Medicine by an organization approved by Blue Cross before they are eligible to become part of the PRP Network. Once this Preferred Radiology Provider Program New Physician Notification form is completed, fax it to 205-220-9545.

I certify this information is complete and correct to the best of my knowledge.	_____	_____	_____
	Signature of person completing this form	Title	Date