

## Provider Enrollment and Credentialing

All providers (as defined by the provider specialties listed below) must be enrolled and credentialed by Blue Cross and Blue Shield of Alabama and practice in an acceptable professional location that ensures confidentiality of procedures and minimal risk to members. **Note:** Providers outside of Alabama must be participating with their local Blue Plan for consideration for participation with Blue Cross and Blue Shield of Alabama.

Please follow the steps below:

### Step 1 - Required Documents for All Providers/Specialties

There are several required documents that you must submit for enrollment. Print this handy checklist ([Practitioner](#) or [Facility/Business](#)) to track your progress throughout enrollment and ensure that all necessary documents/forms are submitted. Some of the required forms are provided in step 3.

### Step 2 - National Provider Identifier (NPI) - Required

All providers eligible for an NPI are required to obtain one. Visit the [National Plan and Provider Enumeration System \(NPPES\) website](#) for instructions on how to request an NPI.

### Step 3 - Provider Enrollment Application/Supporting Documents

Click on the appropriate specialty from the list below to view and print the application and list of supporting documents necessary for enrollment. By utilizing the proper application and returning the correct supporting documents, you can significantly speed up the enrollment process. Submit all current supporting documentation in a legible format.

An application and supporting documents from this section are also needed for a provider who:

- Is practicing within the state of Alabama and needs to be enrolled for claims processing.
- Is joining an existing tax identification number (excluding MDs and DOs, DPMs and ODs - see [Provider Maintenance](#).)

### Applications/Supporting Documentation Requirements

- [Ancillary Providers NOT LOCATED IN ALABAMA](#)
- [Anesthesiologist Assistants](#)
- [Audiologists/Hearing Instrument Specialists](#)
- Behavioral Health Provider - Contact New Directions Behavioral Health at 1-888-611-6285
- [Certified Registered Nurse Anesthetist \(CRNA\)](#)
- [Chiropractor](#)
- [Dentist \(General\)](#)
- [Dentist \(Out-of-State\)](#)
- [Dietitian](#)
- [Durable Medical Equipment \(DME\) and other suppliers](#)
- [Endodontist](#)
- [Ground Ambulance](#)

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- [Healthcare Facility Application](#)
- Home Health
- Hospice
- Independent Laboratory
- Nurse Midwife
- Nurse Practitioner
- Occupational Therapist
- Optical Dispensary
- Optician
- Optometrist
- Oral Surgeon
  - [Uniform Provider Application \(UPA\) and Dental Provider Application](#)
- Periodontist
- Physical Therapist
- Physician Assistant
- Physicians (MD or DO)
- Physician Laboratory
- Podiatrist
- Prosthodontist
- Speech Language Pathologist
- Not Listed Above

## Step 4 - Express Your Network Interest

Complete the [Practitioner Network Interest Form](#) or the [Facility Business Network Interest Form](#) that is included with the application for your specialty. It is required for all new applications and expresses your interest in network participation. After the enrollment and credentialing process is complete, a provider will be reviewed and invited to participate in a network if all criteria are met.

### Note:

- Enrollment is not the same as joining a Blue Cross Provider Network.
- Enrollment and expressed interest in network participation are not a guarantee of acceptance as a participant in a network.

## Step 5 - Enroll in Electronic Funds Transfer (EFT) - Required

[Register Online for Direct Deposit/EFT](#) or complete the [EFT Authorization Agreement](#) that is included with your application. EFT provides an easy and efficient way to ensure your Blue Cross and Blue Shield of Alabama payments are deposited directly into your bank account. It's secure, confidential and convenient, and there is no charge to you for this service.

### Practitioner Rights

### Questions?

View our [CAQH Frequently Asked Questions/Answers](#).

### Missing a Form or Document?

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Here's quick access to miscellaneous forms, such as the [Practitioner Network Interest Form](#), [Facility Business Network Interest Form](#), [Hospital Data Form](#), [Request for Taxpayer Identification Number](#), [EFT Authorization Agreement](#) or [PRP New Physician Notification](#)..

Access all forms that are required for new and existing providers with either the [Practitioner Application Package](#) or the [Facility Business Application Package](#).

### **Existing Providers**

If you are adding a location or making other changes, go to [Provider Maintenance](#) for instructions and forms.