

Date: _____

Attn: Facility Provider Services

Fax #: 972-766-7315

ANCILLARY PROVIDER ID REQUEST FORM

Blue Cross and Blue Shield of Texas (BCBSTX)

**Facility Provider Services
Blue Cross and Blue Shield of Texas
P O Box 650267
Dallas, Texas 75265-0267**

**Email: TXFPS@bcbstx.com
Fax: 972-766-7315
Attn: Facility Provider Services**

Provider of Service Information:		Address: <u>Physical</u>/Place of Practice:			
Corporate Name (line 1 of W-9)		Address			Suite
DBA Name (line 2 of W-9)		City	State	Zip	County
Type of Facility, Product or Services		Phone Number () -			
		Fax Number () -			
Medicare #	NPI	Email Address			
Tax I.D Information:		Address: <u>Payee</u> Address/Mail Check To:			
Federal Tax Id Number		Address			Suite
Complete only if adding an Affiliate location to a Parent Hospital. Check one of the following:		City	State	Zip	County
<input type="checkbox"/> Provider has been deemed "Provider Based Status" meaning it is operationally integrated with a main hospital and operates under the same name, ownership and administrative and financial control of a main hospital including license and NPI.		Phone Number () -			
<input type="checkbox"/> Provider has NOT been deemed "Provider based Status" but is required by BCBSTX to be wholly owned, has its own license and NPI and is within 35 miles of the acute care hospital. Credentialing is required.		Fax Number () -			
		Email Address			

To the best of my knowledge, the information supplied on this document is accurate and complete, and is hereby released to Blue Cross and Blue Shield of Texas for the purpose of establishing a BCBSTX provider ID for claims processing.

Signature of Applicant or Authorized Representative

X _____
Signature

Title

Date MM / DD / YY

ATTACH A COPY OF:

- Facility license issued by your State or the license for your Product or Services.
- W-9 form signed and dated.
- NPI Confirmation.

This is a form to establish an Out-of-Network provider ID for Blue Cross and Blue Shield of Texas. This form does not indicate participation in any Networks. After a Provider ID is established you will receive a confirmation letter. Thank you.