

Dear **Ancillary** Provider,

Welcome to the Ancillary Provider Credentialing and Contracting process!

If you do not already have a Facility/Provider Record ID established with Blue Cross and Blue Shield of Texas that matches your billing information (Billing NPI and Tax Identification Number), you must complete the [Ancillary Provider Record Request Form](#) first, located under the **Provider Onboarding Process** on our [How to Join /Network Participation](#) page, to set up your BCBSTX Provider Record ID.

Obtaining a BCBSTX Facility/Provider Record ID does not automatically activate the Blue Choice PPOSM, Blue EssentialsSM, Blue Advantage HMOSM, Blue PremierSM, MyBlue HealthSM, Blue Cross Medicare Advantage (HMO)SM, Blue Cross Medicare Advantage (PPO)SM and/or Medicaid (STAR), CHIP and STAR Kids networks.

Claims will be processed out-of-network until the provider has been approved and activated in the network. If you wish to be a contracted provider, you will need to complete the **Credentialing/Recredentialing Ancillary/Hospital Provider Questionnaire** located under the **Credentialing and Contracting Process for Ancillary Providers** section of the [How to Join/Network Participation](#) page and include the licensing, liability insurance, accreditation and additional information requirements included below.



TEXAS HEARING AID SUPPLIER CREDENTIALING CRITERIA CHECK LIST

*Please return the following documents along with your signed the
Credentialing/Recredentialing Ancillary/Hospital Provider Questionnaire:*

☐ **License:** **Current** copy of license from the State Committee of Examiners for Fitting and Dispensing of Hearing Instruments or State Board of Examiners Certification of Audiology

☐ **Insurance:** **Current** Certificate of Insurance with Professional or General Liability including :

- Policy Number
- Effective and Termination Dates
- Liability Coverage of **\$100,000 per Occurrence** and **\$300,000 Aggregate**.

☐ **Accreditation:** **NOT REQUIRED**

☐ **NPI Confirmation:** Official Document confirming your current NPI

☐ **W9:** Submit W9 Form

**Please submit above required documents along with completed
Credentialing/Recredentialing Ancillary/Hospital Provider Questionnaire
within 30 days to:**

Email: AncillaryContracting_SCT@BCBSTX.com