



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.

CLINICIANS - DO NOT USE THIS FORM

Additional Site of Service

Enter information about your Primary site of service on the [application](#) for your agreement type.

For **every additional** site of service, complete this two-page form. Read the instructions below carefully as you may not need to answer all the color-coded questions.

If you are relocating your only site of service, complete the [application](#) instead.

Provider's legal name Tax ID #

Check one status box below:

Currently contracted – means the site is listed on a current Blue Cross agreement. Answer the **yellow** and **blue** questions.

Closing – enter the closing date and answer the **yellow** questions.

Moving – means a new location that will use the same NPI as a site that is closing. Enter the moving date and answer the **yellow**, **blue**, and **green**[†] questions.

Opening – enter the opening date and answer the **yellow**, **blue**, and **green**[†] questions.

[†]You may skip green questions for the following:

- Clinical Lab
- Dialysis
- Durable Medical Equipment
- Ground Ambulance
- Home Infusion Therapy
- Hospice
- Independent Physiologic & Diagnostic Lab
- Radiation Oncology Facility
- Urgent Care Center

This site is: Currently contracted Closing Moving Opening Date

Site name	<input type="text"/>		
Address	<input type="text"/>		
City or town, state, ZIP	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>
Tax ID*	<input type="text"/>	NPI*	<input type="text"/>
	Medicare #*	<input type="text"/>	MassHealth #*
	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Enter if different than Primary site of service

Billing address for this site If NPI is the same as Primary site's NPI, the billing address must also be the same.

Same as above Same as for Primary site Other – enter below:

Billing company name	<input type="text"/>		
Address	<input type="text"/>		
City, state, ZIP	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>

Accessibility

Does this site accept admissions, provide services, or have a coverage arrangement:

24 hours a day, 7 days per week? Yes No

During evening hours? Yes No On weekends? Yes No

Which Massachusetts counties are in this site's service area?

- Barnstable Berkshire Bristol Dukes Essex Franklin Hampden
- Hampshire Middlesex Nantucket Norfolk Plymouth Suffolk Worcester

Is this site handicap accessible (i.e., parking, ramps, or elevator)? Yes No

Does this site have TTY/TDD services for people with hearing impairments? Yes No

If yes, please provide number

Is this site accessible by public transportation? Yes No

Are interpretation services available at this site? Yes No

Which foreign languages (including sign language) are spoken by an office interpreter at this site?

Accreditation See our [Institutional Credentialing and Recredentialing Guidelines](#)

Same as for Primary site Other – enter below:

Name of accreditation organization:

Confirm that you attached accreditation certificate(s) for this site

License

Same as for Primary site Other – enter below:

License number Confirm that you attached a copy of the license for this site

Medical Director (if applicable)

Same as for Primary site Other – enter below:

Name

NPI Type 1 Confirm that you attached a copy of medical director's license

Additional credentialing information (if applicable) See our [Institutional Credentialing and Recredentialing Guidelines](#)

Provide required information on a separate sheet and attach with this form.

Insurance information

Same as for Primary site Other – enter below:

Present malpractice carrier

Name

Dates of coverage From To

Present liability carrier

Name

Dates of coverage From To