



MASSACHUSETTS

JOIN OUR NETWORK

We look forward to you participating in our dental network(s). Please complete the following information and send it to our Dental Network Management team by either email or fax:

Email: DentalNetworkRequest@bcbsma.com

Fax: 617-246-9397

Your Dental Network Manager will send you contract(s) and associated documents. Please call **1-800-882-1178, option 4** if you have any questions. **If you are a provider located outside of MA and the bordering NH area, please contact your local BCBS for instructions about joining the network.**

Provider or practice

Check to indicate provider type:

- Individual Provider
- Sole Proprietor
- Group Practice (for example, LLC, PC, Inc.)

W-9 Legal Practice name: _____

Social Security Number: _____

Tax ID: _____

NPI Type 2 for Group Practice
OR

Type 1 for Individual Provider: _____

Site information

Practice name: _____

Physical address: _____

Phone number: _____

Fax: _____

Email: _____

Billing address (if different): _____

Dentists that practice in your office	Social Security Number	License number	Type 1 NPI

Network selection: *Check off appropriate boxes*

- Dental Blue: Indemnity
- Dental Blue: PPO
- Medicare Advantage PPO
- Medicare Advantage HMO
- HMO*
- PPO/PPA*

* Network is for Oral Surgeons