



# Clinical roster for Provider Application

Please fax completed form to 617-246-6819.

Please use this form if you are one of the provider types listed below and need to tell us about more than five clinicians rendering services. Only BCBSMA-credentialed clinicians may render care and be reimbursed for services under your agreement.

Assisted Reproductive Technology provider:

Ambulatory Surgery Center that operates under physician licensure:

Radiation Oncology Facility:

Urgent Care Center:

List all physicians who render services on behalf of your organization

List all physicians who render services on behalf of your organization

List all physicians who render services on behalf of your organization

List all physicians, nurse practitioners, and physician assistants who render services

Provider's legal name:

National Provider Identifier (NPI type 2)

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Clinician's name	NPI type 1	Licensure specialty	License number and state	Does Clinician already participate with BCBSMA? <input type="checkbox"/> Yes <input type="checkbox"/> No	If clinician is not already participating, please complete these fields*				
					SSN (no dashes)	DOB	Phone	Email	UCCs**
				<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No

\*If we offer you a contract, we will submit the clinician's information to CAQH ProView™

\*\*If the Urgent Care Center is a physician practice or community health center: Is clinician also joining practice? Please answer "Yes" or "No."