Print form Clear form fields

CLINICIANS - DO NOT USE THIS FORM

MASSACHUSETTS

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

Update Form for Facilities

Send form to *BlueCrossNetworkContracting@bcbsma.com* or fax 1-617-246-6819.

Direct questions to *ProviderApplicationStatus@bcbsma.com or* 1-800-316-2583.

Ensure legibility by completing this form online to notify Blue Cross* of changes to a contracted provider's status.

Check all changes that apply:	And submit the following:	
❑ Changing your tax ID number	Complete the *application* for your agreement type. Explain this change next to *Blue Cross non-contracted provider number.*	
❑ A change in ownership or control	Complete the *Request for Consent to Assignment form*	
❑ Adding a Product to your agreement	Complete sections 1, 2, 4, 5, 6 of this form	
❑ Changing your business name	Complete sections 1, 2, 3, 4, 6 of this form	
❑ Changing business address or billing address	Complete sections 1, 4, 6 of this form (and 7 for billing address)	
❑ Changing the services you provide	Complete sections 1, 2, 3, 6 of this form	BH Hospital, BH Facility, or Community Mental Health Center: Also attach the *Behavioral Health for Children and Adolescents form*
❑ Recontracting with us	Complete sections 1, 2, 5, 6 of this form	
❑ Ceasing business or no longer providing services in Massachusetts	Complete sections 1, 3, 6 of this form	
Site of service changes		
❑ Closing a site	Complete sections 1, 2, 6, 7 of this form	
❑ Relocating your *only* site of service or moving a site with a unique NPI to a new location	Do not use this form. Complete the *application* and related form, available on **bluecrossma.com/provider** at Office Resources>Contracting Applications under the heading for your agreement type.	
❑ Opening a new site (not Primary site of service)	**For agreement types below with ♦ symbol:**	Complete sections 1, 2, 6, 7 of this form
	For agreement types below with NO symbol:	Do not use this form. Complete the *application* and related form, available on **bluecrossma.com/provider** at Office Resources>Contracting Applications under the heading for your agreement type.

Check your agreement type:

- ❑ Ambulatory Surgi-Center
- ❑ Assisted Reproductive Technology
- ❑ Behavioral Health Facility
- ❑ Behavioral Health Hospital
- ❑ Birth Center
- ❑ Cardiac Rehabilitation Center ♦
- ❑ Chronic or Long Term Care Hospital
- ❑ Clinical Laboratory
- ❑ Community Mental Health Center
- ❑ Critical Care Transport
- ❑ Dialysis Facility ♦
- ❑ Durable Medical Equipment ♦
- ❑ Early Intervention Program
- ❑ Ground Ambulance ♦
- ❑ Home Health Care
- ❑ Home Infusion Therapy ♦
- ❑ Hospice Services ♦
- ❑ Independent Physiologic and Diagnostic Laboratory ♦
- ❑ Limited Services Clinic
- ❑ Opioid Treatment Program
- ❑ Radiation Oncology Facility ♦
- ❑ Rehabilitation Hospital
- ❑ Skilled Nursing Facility
- ❑ Sleep Study Facility/Out of Center Testing
- ❑ Technical Diagnostic Imaging
- ❑ Transitional Care Unit
- ❑ Urgent Care Center ♦

[1] Blue Cross refers to Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross and Blue Shield of Massachusetts HMO Blue®, Inc., and/or Massachusetts Benefit Administrators LLC, based on Product participation. ®Registered Mark of the Blue Cross Blue Shield Association.

CLINICIANS - DO NOT USE THIS FORM

Section 1. Current organization information

Provider's legal name	
DBA name (**as it appears on the W-9**)	
National Provider Identifier (NPI Type 2) applicable to this Update Form	
Tax ID number	
Medicare participating number, if applicable	

Main business location – where we will mail certain legal notices

Street address			
City, state, ZIP			
Phone		Fax	

Section 2. Authorized signer

To process your agreement efficiently, we use electronic signature. If we send you an amendment or a new contract, we must email it **directly to a person authorized to sign contracts** on behalf of your organization or practice. The document cannot be forwarded for signature. The sender will be *BlueCross <echosign@echosign.com>.*

Authorized signer's name	Business title	Email (required)
If you want someone cc'd, please provide their email		

Section 3. Organization change

Please check the type of change:

❑ Legal name change only — Effective date

By checking this box, you affirm the change in legal name is not caused by organizational changes, and that your organization's Tax ID, NPI, Medicare, and MassHealth numbers (as applicable) are not changing. Indicate the effective date of the name change above, and attach an IRS Form W-9 showing your new name. We will send an amendment for your signature.

❑ DBA name change – attach an IRS Form W-9 showing your new DBA name — Effective date

❑ Ceasing business or other (please describe) — Effective date

❑ Offering a new specialty service (please describe) — Effective date

Section 4. IRS Form W-9

❑ To verify new billing information, please attach a signed and dated IRS Form W-9 showing the legal name and tax ID number to which payments should be directed.

Section 5. Product participation

Check **all** Blue Cross Products you want to participate in:

❑**All Products** ❑HMO ❑PPA/PPO ❑Indemnity ❑Medicare Advantage HMO ❑Medicare Advantage PPO

Section 6. Representations

❑ *By checking this box, I hereby affirm and represent that all statements, answers, and information included in this Update Form are true and complete to the best of my knowledge and belief, and that I am duly authorized to provide information on behalf of the organization or practice named in section 1.*

Name of person completing form			
Business title			
Email		Phone	
Date			

Until we notify you of the effective date of your requested update, you cannot be reimbursed for a new site, service, or Product.

Section 7. Site of service information

Please review the site of service instructions on page 1.

Provider's legal name ____ **Tax ID #** ____

Check one status box for each site:

Closing – enter the date of closure and answer the **yellow** questions.

Opening a secondary site (not your Primary site of service) – enter the opening date and answer the **yellow** and **blue** questions.

This site is: ❑Closing ❑Opening Date ____

Site name							
Address							
City or town, state, ZIP							
Phone			Fax				
Tax ID*		NPI*		Medicare #*		MassHealth #*	

** Enter if different than Primary site of service*

Billing address for this site

❑Same as site address ❑Same as Main business location on page 2 ❑Other – enter below:

Billing company name			
Address			
City, state, ZIP			
Phone		Fax	

This site is: ❑Closing ❑Opening Date ____

Site name							
Address							
City or town, state, ZIP							
Phone			Fax				
Tax ID*		NPI*		Medicare #*		MassHealth #*	

** Enter if different than Primary site of service*

Billing address for this site

❑Same as site address ❑Same as Main business location on page 2 ❑Other – enter below:

Billing company name			
Address			
City, state, ZIP			
Phone		Fax	

This site is: ❑Closing ❑Opening Date ____

Site name							
Address							
City or town, state, ZIP							
Phone			Fax				
Tax ID*		NPI*		Medicare #*		MassHealth #*	

** Enter if different than Primary site of service*

Billing address for this site

❑Same as site address ❑Same as Main business location on page 2 ❑Other – enter below:

Billing company name			
Address			
City, state, ZIP			
Phone		Fax	

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	**Signature of U.S. person** ►	**Date** ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*