



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

This site is:

☐ Currently contracted

☐ Closing

☐ Moving

☐ 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

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

Address

City, state, ZIP

Phone

Fax

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