



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**<sup>†</sup> questions.

**Opening** – enter the opening date and answer the **yellow**, **blue**, and **green**<sup>†</sup> questions.

<sup>†</sup>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

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 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