



MASSACHUSETTS

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

Ancillary Professional Providers Contract Update Form

Questions? Write ProviderApplicationStatus@bcbsma.com or call 800-316-2583.

Send completed form to BlueCrossContractOps@bcbsma.com or fax 617-246-5053.
If emailing, please include practitioner's Last Name, First Name in the Subject.

Use this form to notify Blue Cross* of a change to a contracted practitioner's practice status, etc. as listed below. Please retain a copy of this completed form for your files. If needed, a new contract will be mailed for you to complete and return.

You cannot provide covered services and be reimbursed as a participating provider in any new practice or new Product until you are notified by Blue Cross that the new contract is in effect.

Check all that apply:

- You are leaving your current practice and joining a new practice that will bill for your services on a CMS-1500 or 837P
- You are staying with your current practice and joining a new practice
- You are opening a practice
- You are changing your practice's Tax ID number
- You wish to add a Product to your Agreement
- You are changing your practice availability

Please complete sections:

- 1, 2, 3, 4, 6, 7, 9, 10
- 1, 4, 5, 6, 7, 9, 10
- 1, 2, 4, 5, 6, 7, 8, 9, 10, Group Practice Attachment 1,
- 5, 8, 9, 10, Group Practice Attachment
- 1, 2, 5, 9, 10
- 1, 5, 7, 9

Section 1. Individual Practitioner Information

Name: _____

Specialty: _____

License number: _____

National Provider Identifier (NPI Type 1): _____

Email: (required) _____

Section 2. Blue Cross Product Participation

- To add a Product, please check **all** Products that you want to participate in.
 - If you are joining a group practice, you must be enrolled in the same Products that the group participates in.
 - If you are remaining as an independently practicing provider only, please check **all** Products that you want to participate in.
- HMO PPA/PPO Indemnity Medicare Advantage HMO Medicare Advantage PPO

Section 3. Leaving a Practice

By leaving a practice, you will also be leaving the Product participation associated with that practice. You must indicate in section 2 the Products in which you now wish to participate.

If you are leaving your primary contracted group, they will need to submit a termination in order to remove their group contract from your profile.

If leaving all Blue Cross practices, please submit the Standardized Provider Information Change Form instead of this form.

Date leaving practice: _____
Practice name: _____
Practice NPI (Type 2): _____
Main practice location: _____
City, State, Zip code: _____
Phone: () _____

Section 4. Joining or Opening a New Practice

If your group has a new Tax ID and Type 2 NPI, please also complete the Group Practice Attachment (page 4).

This will be the practitioner's: Primary practice Secondary practice (Please verify with practitioner and check one)

Employment or start date: _____
Practice name: _____
DBA (as reported to the IRS): _____
Practice Tax ID number: _____
Practice NPI (Type 2): _____
Main practice location: _____
City, State, Zip code: _____
Phone to schedule appointments: () _____ Fax: () _____

Can patients contact the provider to make an appointment at this location using this phone number? Yes No

Additional locations Check if you provide services at additional locations, and complete the last page of this form.

Billing address Same as above Other:

Billing name: _____
Address: _____
City, State, Zip code: _____
Email: _____
Phone: () _____ Fax: () _____

Chiropractors, Optometrists, and Podiatrists Who Bill for Diagnostic Imaging Services

If the practice intends to begin billing Blue Cross for diagnostic imaging services (professional and/or technical component), please download the appropriate privileging application from bluecrossma.com/provider. In Office Resources, click Privileging.

Even if a practitioner has technical component privileges at another practice, they must obtain privileges for a new practice by submitting an application. However, when a practitioner intends to continue billing for the same professional component services and **does not** intend to bill any technical component services at a new practice, they do not need to submit any privileging applications.

Podiatrists

Please select one:

- You are a **non-surgical** podiatrist
- You are a **surgical** podiatrist with privileges in good standing at an acute care hospital or ambulatory surgery center that is participating with Blue Cross.

Section 5. Existing Practice

Each location must have a separate, designated space for providing care to patients, ensuring their privacy during treatment.

This is the practitioner's: Primary practice Secondary practice (Please verify with practitioner and check one)

Practice name: _____

DBA (as reported to the IRS): _____

Practice Tax ID number: _____

Practice NPI (Type 2): _____

Main practice location: _____

City, State, Zip code: _____

Email: _____

Phone to schedule appointments: () _____ Fax: () _____

Additional locations Check if you provide services at additional locations, and complete the last page of this form.

Section 6. Covering Arrangement

Arranging for coverage during posted business hours is a Blue Cross credentialing and contractual requirement. Please list the individuals, groups, and/or facilities that provide coverage for you. Covering providers must be participating in the same Products that you requested in section 2. Please note that surgical podiatrists must arrange for 24-hour coverage.

Clinician, Group Practice, or Facility Name

NPI

Section 7. Changing Practitioner Availability Status

This section is optional for CRNAs

At your existing practice shown in section 6 new practice shown in section 5, you will be:

Accepting new patients

Not accepting new patients

Will you offer telehealth? Yes No

I understand that to serve Blue Cross Blue Shield members, I must be contracted with the local plan where my practice is physically located. (required)

Comments:

Section 8. New Form W-9

A new W-9 is required to verify new billing information. If you are joining a contracted group, you do not need to attach a W-9.

The attached IRS Form W-9 has been completed with the name and Tax ID number to which payments will be directed.

Section 9. Representations

By checking this box, you hereby affirm and represent that all statements, answers, and information included in this Contract Update Form are true and complete to the best of your knowledge and belief, and that you are duly authorized to provide information on behalf of the practitioner named in section 1.

Name of person completing form: _____

Title: _____

Business name: _____

Email: _____

Phone: () _____ Fax: () _____

Date: _____

Section 10. Contract Recipient

Each practitioner is required to personally sign a new Attachment A to be legally bound to the practice's Agreement. Be sure to use an active email you check regularly

Practitioner's email (required):

You will receive a welcome letter showing the date you may begin treating our members at the new practice.

Email for welcome letter (required):



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Group Practice Attachment

Only complete this page if you are opening a new practice with a Type 2 NPI.

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Practice Administration

Please list those who are authorized to sign contracts on behalf of the practice, such as Owner, Partner, President.

Name

Title

Practice owner(s)

Practice Members

- Please list all clinicians in the practice who have the licensure indicated in section 1. Attach an additional sheet if needed.
- Each clinician who is **not currently participating with Blue Cross** must complete a Contracting Application. You can download the application at bluecrossma.com/provider. Under Forms, click Forms Library > Contracting Applications.
- Each clinician who is **currently participating with Blue Cross** must complete a separate Contract Update Form for Ancillary Professional Providers. Go to bluecrossma.com/provider. Under Forms, click Forms Library > Contract Update Forms.

Clinician Name

NPI (Type 1)

**Primary or Secondary
with this group**

Clinician Name	NPI (Type 1)	Primary or Secondary with this group
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Additional Practice Locations

Practitioner		NPI (Type 1)	
Practice name		Practice NPI (Type 2)	

The above is your: Existing practice A practice you are joining or opening

For the practice and NPI above, we require a complete list of locations where you will or do provide services.

How many copies of this page have you attached?

Please note that only five locations (including your primary practice location) will be displayed in our provider directory, *Find a Doctor & Estimate Costs*. Only locations where patients can make appointments to see you will be displayed.

For each address, please check one box:

- **Appointments** – You see patients at this address, and they can make an appointment to see you here
- **Visits** – You see patients at this address but not by appointment
- **Covering** – You cover or fill-in at this address
- **Tests** – You read tests or perform imaging at this address

Location name			
Address			
City, state, ZIP			
Phone to schedule appointments		Fax	
Check one (required)	<input type="checkbox"/> Appointments*	<input type="checkbox"/> Visits*	<input type="checkbox"/> Covering <input type="checkbox"/> Tests

Location name			
Address			
City, state, ZIP			
Phone to schedule appointments		Fax	
Check one (required)	<input type="checkbox"/> Appointments*	<input type="checkbox"/> Visits*	<input type="checkbox"/> Covering <input type="checkbox"/> Tests

Location name			
Address			
City, state, ZIP			
Phone to schedule appointments		Fax	
Check one (required)	<input type="checkbox"/> Appointments*	<input type="checkbox"/> Visits*	<input type="checkbox"/> Covering <input type="checkbox"/> Tests

Location name			
Address			
City, state, ZIP			
Phone to schedule appointments		Fax	
Check one (required)	<input type="checkbox"/> Appointments*	<input type="checkbox"/> Visits*	<input type="checkbox"/> Covering <input type="checkbox"/> Tests

Location name			
Address			
City, state, ZIP			
Phone to schedule appointments		Fax	
Check one (required)	<input type="checkbox"/> Appointments*	<input type="checkbox"/> Visits*	<input type="checkbox"/> Covering <input type="checkbox"/> Tests

*Each location must have a separate, designated space for providing care to patients, ensuring privacy during treatment.

Please notify us if the above information changes.

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	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; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number											
				-			-				
or											
Employer identification number											
				-							

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.