New Clinic/Group Application

Arkansas Blue Cross and Blue Shield • Health Advantage • USAble Corporation

Type of Clinic Services: □ Primary Care □ Specialty Care □ Emergency Services

Name of Clinic/Group

_____

Signage name displayed to patients (if different from above)

_____

Effective Date _____ Clinic/Group EIN _____
(Attach IRS verification of EIN)

Clinic/Group NPI# _____

- Street Address of Clinic/Group _____

  _____ County_____

  Phone # for Patient Appointments _____

  Clinic/Group Fax # _____

  Contact Person _____Contact Phone # _____

  Office hours at this location-

  Open/Close Open/Close Open/Close Open/Close Open/Close Open/Close Open/Close
  Mon. _____ Tues. _____Wed_____ Thurs._____ Fri._____ Sat._____ Sun._____
  Web URL_____

- Correspondence Address of Clinic/Group_____
  (If different than above)
  _____ *County*_____

  Correspondence Phone #_____

  Clinic/Group Fax # _____

  Contact Person _____Contact Phone # _____

- Payment Address of Clinic/Group
  _____
  (If different than above)
  _____*County*_____

  Payment Phone # _____

  Clinic/Group Fax # _____

  Contact Person _____Contact Phone # _____

_____ Title _____
Print Name and Title of Authorized Facility Representative

Signature _____ Date _____
NO STAMPS OR DIGITAL SIGNATURES

Additional Locations

- Location Name ____
  Address ____
  Phone ______________________ Fax ______________________
  Office hours at this location-
  Open/Close Mon. _______ Open/Close Tues. ________ Open/Close Wed__________ Open/Close Thurs._________ Open/Close Fri.____________ Open/Close Sat.________ Open/Close Sun.________

- Location Name ____
  Address ____
  Phone ______________________ Fax ______________________
  Office hours at this location-
  Open/Close Mon. _______ Open/Close Tues. ________ Open/Close Wed__________ Open/Close Thurs._________ Open/Close Fri.____________ Open/Close Sat.________ Open/Close Sun.________

- Location Name ____
  Address ____
  Phone ______________________ Fax ______________________
  Office hours at this location-
  Open/Close Mon. _______ Open/Close Tues. ________ Open/Close Wed__________ Open/Close Thurs._________ Open/Close Fri.____________ Open/Close Sat.________ Open/Close Sun.________

- Location Name ____
  Address ____
  Phone ______________________ Fax ______________________
  Office hours at this location-
  Open/Close Mon. _______ Open/Close Tues. ________ Open/Close Wed__________ Open/Close Thurs._________ Open/Close Fri.____________ Open/Close Sat.________ Open/Close Sun.________

- Location Name ____
  Address ____
  Phone ______________________ Fax ______________________
  Office hours at this location-
  Open/Close Mon. _______ Open/Close Tues. ________ Open/Close Wed__________ Open/Close Thurs._________ Open/Close Fri.____________ Open/Close Sat.________ Open/Close Sun.________

* This form may be copied for any additional locations