

Request for Application (Organization)

To	Date Request Submitted
From	Region

Ambulatory Surgery Center	Hospital, Rehabilitation	Radiation Therapy Center
Ambulance – Air	Hospital, Rural Emergency	Optician
Ambulance-Ground	Home Health Agency	Orthotics/Prosthetics
Birthing Center	Home Infusion Therapy	Residential Treatment Center
CORF	Hospice	Substance Abuse
Community Mental Health Center	Independent Lab	Behavioral Health
Dialysis Center	Imaging Center	Inpatient Detox
Diabetic Education Program	Long Term Acute Care	Rural Health Center
Durable Medical Equipment	Mass Immunization	Skilled Nursing Facility
Family Planning	Out of State Org (BCBSA	Sleep Study Lab
FQHC	Required to file claims)	Specialty Pharmacy
Hospital, Acute Care	Pharmacy	Urgent Care Center
Hospital, Critical Access	Physical Therapy Center	
Hospital, Psychiatric	Portable X-Ray	

Clinic/Group* - *If you are a NEW clinic or group practice, with providers that need to be attached, please have the provider(s) fill out and upload the clinic authorization form located in the Hub.

Organization name		NPI number	
Address of organization (PO Boxes are Not Acceptable)			Date opened
City	State		ZIP
License number	State	CMS number	
Accreditation			
PHO/Group (if will be added to PHO/group contract)			
Administrators name			Administrators phone
Administrators email address			

Networks requested			
Preferred Payment Plan	True Blue PPO	Health Advantage HMO	Arkansas Blue Medicare
Arkansas FirstSource	Non participating		

Send completed applications to the Network Development Representative for your region. Contact information can be found here: arkansasbluecross.com/providers/resource-center/network-development-reps