

Adding or changing participating provider or practice | Dental

Please complete all sections of the **Abbreviated Application in its entirety**. Approximate length of time to complete is 5 minutes. Forms submitted with incomplete and/or missing information will delay the processing of your request.

Adding an associate to additional location at existing practice

Joining a new practice

Adding an associate to existing practice

Relocation/Change of address or removing a location

1. Abbreviated application:

Complete **each** section of the form with indication *Not Applicable* (N/A) where appropriate. Please include an explanation in the comment section describing the changes you are requesting. Provide a list of additional locations the provider will be affiliated with including the TIN/EIN and group billing NPI.

*If the addition of a new location is a result of a practice acquisition please see [New Practice Acquisition packet](#).

*If provider is practicing in multiple states, license verification is required for each state.

2. Attach photocopies of the following:

- ✓ IRS Form W-9 with the practice information.
- ✓ List of locations the provider is being affiliated with.
- ✓ List of providers associated with the location change request.

Any questions may be directed to dentalproviderrelations@usablelife.com. You will receive a letter confirming your effective date.

***This Form is for providers that are currently credentialed with Arkansas Blue Cross and Blue Shield.**

Abbreviated provider application

The supporting documentation will serve as a request to make changes to your existing Arkansas Blue Cross and Blue Shield contract or initiate a new contract. **Please note, participation in Arkansas Blue Cross and Blue Shield PPP is required to participate. You may request participation in additional Networks by selecting the applicable block(s) from the following list:**

- Arkansas Blue Cross and Blue Shield PPP
- Arkansas Blue Cross and Blue Shield PPO
- ArkansasBlue Medicare

Provider signature				Date signed				
Adding location		Adding network		Changing TIN		Adding associate		
Provider first name			Middle initial		Last name			
Provider NPI Type-1				NPI Type-2				
Provider Specialty:		General	Endo	Perio	Pedo	Prosth	Oral surg	Ortho
Office name				Contact name				
Office street address			City			State	ZIP	
Primary phone number		Fax		Email address				
Languages spoken				Website				
Office Hours								
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
TDD		Accessible by public transportation			Handicap accessible			
Technology used				Tax Identification Number (W-9 required for verification)				

Comments

Return completed form to:

Arkansas Blue Cross and Blue Shield

ATTN: Dental Provider Relations

PO Box 1650

Little Rock, AR 72203

or

Fax: 501-208-8302

Email: dentalproviderrelations@usablelife.com