

Tips to Help You Navigate Our Provider Onboarding Form

Blue Cross and Blue Shield of Illinois (BCBSIL) welcomes you to apply to join our provider networks. We want to help make the application process as efficient and quick as possible. Our new Provider Onboarding Form is designed to help streamline the application process and possibly expedite the response time.

Here are some tips to help you when you are using the online form:

- 1. Use Google Chrome[™]
- On the first step Select Participation be certain to have all information listed in the blue box on the left of the screen available before getting started. The other fields, on the right side of the screen, should be the contact information of the person completing the form on behalf of the provider (office manager, biller, etc.).

BlueCross BlueShield of Illinois		Provider Enrollment
1 Select 2 Enter Your Participation 0	3 Enroll as a Provider 4 and	iew 5 View Submit 5 Summary
Select Participation For best experience, please use the Chrome browser.	Required * First Name * ex. John	Middle Initial Optional
Before you get started, you must have the below listed information available if applicable, as you cannot come back later to submit the application:	Last Name * ex. Smith	Suffix Optional
Provider NPI Number Provider ILcnsen Number CAQH Proof of Completion Proof of DEA Number Proof of DEA Number Proof of Board Certification Proof of Medicaid Number	Email Address * ex. yourname@email.com	Telephone Number * ex. (234) 567-8901
Hospital Coverage Letter Supervising Physician NPI Number Back Up Provider NPI Number IRS 1472 or W-9 Tax i Kentification Number AANA Certification Number AANA Certification Number Medicare Number	Job Title/ Position * ex. Supervisor	
Medicale Number	Please select from one of the follow	ving options: *
		Continue to Enter Your Information

 Know your billing (Type 2 organizational) National Provider Identifier (NPI) as listed in the NPI Registry. 4. If you are a New Group or an Existing Group adding additional providers on step two – Enter Your Information – pay special attention to the "Provider Roster Instructions" box on the right side of the screen. Be sure to download and complete **only** the roster provided by BCBSIL.

of Illinois		Provider Enrollment
1 Select 2 Enter Your Information	3 Enroll as a Provider 4 Review and Sul	
Enter Your Information Be as accurate as possible to enter your information and we'll determine if you're eligible to enroll as a provider.	Required * Complete the form for: * Individual Provider Add New Group/ Clinic Add Providers to an Existing Contracted Group/ Clinic Existing Group Practice Name * Smith & Smith #1 Specialists	Provider Roster Instructions Please complete the Provider Roster and upload in the Attachments section (Optional for New Group/Clinic and Required for Existing Group/Clinic). Download and fill out the template now. or at a later date. Enrollment is pending upon submitting a completed roster. If uploading a completed roster. If uploading a completed roster at a later date, choose "Add Providers to an Existing Group/Clinic" to upload in the Attachments section.
	Existing Group Type 2 NPI (Organization) * ex. 1234567890 Existing Group Tax Identification Number (TIN)/ Employer Identification Number (EIN) *	Download Provider Roster template

5. You must submit the roster as an Excel file. If the appropriate roster is not used your information will be rejected. You must complete all the data elements on the roster. See the Standardized Template Grid (second tab of roster Excel sheet) as an example.

Questions? Email <u>netops_provider_update@bcbsil.com</u>.