



220 Burnham Street • South Windsor, CT 06074
 Vox 888-255-7293 • Fax 860-289-0055

**BLUE CROSS BLUE SHIELD OF ALABAMA
 DENTAL CHANGE OF TAX IDENTIFICATION NUMBER ONLY**

PAYER ID NUMBER	CBAL1				
ELECTRONIC REGISTRATIONS Agreements Required	<p><u>Dental Provider Application</u></p> <ul style="list-style-type: none"> • Please complete all requested information. <p><u>Request for Taxpayer Identification Number</u></p> <ul style="list-style-type: none"> • Please complete all requested information. 				
SEND REGISTRATION FORMS TO	<p align="center">Blue Cross and Blue Shield of Alabama Attention: Provider Credentialing PO Box 362142 Birmingham AL 35236-2142</p> <p align="center">Or fax to 205-220-9545</p>				
CONTACT PHONE NUMBERS	<table border="0"> <tr> <td>BCBS of Alabama</td> <td align="right">205-220-7528 or 205-220-7884</td> </tr> <tr> <td>Emdeon Business Services</td> <td align="right">888-255-7293</td> </tr> </table>	BCBS of Alabama	205-220-7528 or 205-220-7884	Emdeon Business Services	888-255-7293
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Emdeon Business Services	888-255-7293				



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association.

DENTAL PROVIDER APPLICATION

Return completed, signed form to:

Blue Cross and Blue Shield of Alabama
ATTENTION: Provider Credentialing
PO Box 362142
Birmingham, AL 35236-2142
or FAX 205 220-9545

**PLEASE COMPLETE APPLICATION IN FULL.
INCOMPLETE APPLICATIONS WILL BE RETURNED.**

PERSONAL DATA *Information provided in the following section will be validated through ADA and/or professional associations.*

Provider's LAST Name	SUFFIX	FIRST Name	Middle INITIAL	Professional Title	Social Security Number	Date of Birth (mm/dd/yyyy)
UPIN		Primary Specialty		Board Certified? <input type="checkbox"/> YES <input type="checkbox"/> NO	Practicing Specialty (if different from Primary)	Board Certified? <input type="checkbox"/> YES <input type="checkbox"/> NO
Original Date of Licensure	Alabama License Number (ATTACH COPY)			Languages You Speak <i>FLUENTLY</i> <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> FRENCH <input type="checkbox"/> GERMAN <input type="checkbox"/> OTHER _____		
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Dental School				Date Graduated	

PRACTICE DATA

Location of Your Alabama Office:	<i>Street Address Only - No P.O. Box</i>	<i>City</i>	<i>State</i>	<i>County</i>	<i>ZIP+4 Code</i>	
Correspondence Address:	<i>Street Address - or - P.O. Box</i>	<i>City</i>	<i>State</i>	<i>County</i>	<i>ZIP+4 Code</i>	
Office Telephone ()	Contact Person	Contact Person's Phone/Ext. ()				
Office Fax ()	Appointments Phone ()	Email Address				
Foreign languages spoken by staff <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Sign <input type="checkbox"/> Other		Is this office handicap accessible? <input type="checkbox"/> YES <input type="checkbox"/> NO		Is this office TDD available? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Starting date at this location	If location is a hospital, what hospital?		Will you be providing Emergency Room Services? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you accepting new patients at this location? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Do you have 24 Hour Coverage? <input type="checkbox"/> YES <input type="checkbox"/> NO Answering Machine? <input type="checkbox"/> YES <input type="checkbox"/> NO Answering Service? <input type="checkbox"/> YES <input type="checkbox"/> NO Emergency Room? <input type="checkbox"/> YES <input type="checkbox"/> NO Other? <input type="checkbox"/> YES <input type="checkbox"/> NO						
If yes , please attach a list of covering physicians, including Physician Name, UPIN # and Effective Date of Coverage						
Hospitals at Which You Have Admitting Privileges <i>(If needed, attach list and check here <input type="checkbox"/>)</i>						
City	State	Hospital Name	Conditions of Privileges <input type="checkbox"/> Full <input type="checkbox"/> Temporary <input type="checkbox"/> Courtesy <input type="checkbox"/> None <input type="checkbox"/> Applied/Pending	Effective Date (mm/dd/yyyy)	% Admissions	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Daily Office Hours						
Sunday <input type="checkbox"/> AM <input type="checkbox"/> PM ____ <input type="checkbox"/> PM ____ <input type="checkbox"/> PM	Monday <input type="checkbox"/> AM <input type="checkbox"/> PM ____ <input type="checkbox"/> PM ____ <input type="checkbox"/> PM	Tuesday <input type="checkbox"/> AM <input type="checkbox"/> PM ____ <input type="checkbox"/> PM ____ <input type="checkbox"/> PM	Wednesday <input type="checkbox"/> AM <input type="checkbox"/> PM ____ <input type="checkbox"/> PM ____ <input type="checkbox"/> PM	Thursday <input type="checkbox"/> AM <input type="checkbox"/> PM ____ <input type="checkbox"/> PM ____ <input type="checkbox"/> PM	Friday <input type="checkbox"/> AM <input type="checkbox"/> PM ____ <input type="checkbox"/> PM ____ <input type="checkbox"/> PM	Saturday <input type="checkbox"/> AM <input type="checkbox"/> PM ____ <input type="checkbox"/> PM ____ <input type="checkbox"/> PM

PAYEE INFORMATION

Name of Payee as reported to the IRS	Doing Business As		
Federal Employer Identification Number as reported to the IRS	If Tax I.D. is changing, what is the effective date?		
Billing Office Telephone ()	Billing Office Fax Number ()	Billing Contact Person	Contact Person's Phone/Ext. ()
Billing/Remittance Address:		<i>City</i>	<i>State</i> <i>ZIP+4 Code</i>



Please complete all three parts below:

Part 1: Tax Status

NAME AS IT APPEARS ON IRS RECORDS (required): _____

_____ **OR** _____

Employer Identification Number Social Security Number

Effective Date _____

If you are a Sole Proprietor or Single-owner LLC

Required: Personal name of owner of business: _____

Optional: DBA (doing business as) if different from above: _____

Part 2: Exemption

If exempt from form 1099 reporting, you must include a copy of your IRS exemption letter

1. Tax Exempt Entity under 501(a) (includes 501(c) (3)), or IRA;
2. The United States or any of its agencies or instrumentalities;
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions;
4. A foreign government, or any of its political subdivisions.

Part 3: Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, and
2. I am not subject to backup withholding because:
 - a) I am exempt from backup withholdings, 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 withholdings, and
3. I am a U.S. person (including a U.S. resident alien).

Person completing this form: _____ **Date:** _____

Signature: _____ **Phone:** () _____

Tax Address: _____ **City:** _____ **State:** _____ **Zip:** _____

If address for payments is different, please list payment remit address below:

Payment Remit Address: _____

City: _____ **State:** _____ **Zip:** _____ **Effective Date:** _____

Instructions: The amounts we pay you may be reported to the Internal Revenue Service (IRS). The IRS will match this amount to your tax return. We are required by law to obtain your name and Taxpayer Identification Number. The name we need is **the name that is used on the tax return.**

U.S. person: This form may be used only by a U.S. person, including a resident alien. Foreign persons should furnish us with the appropriate Form W-8.

Penalties: Your failure to provide a correct name and Taxpayer Identification Number may subject your payments to 28% federal income tax backup withholding. If you do not provide us with this information, you may be subject to a \$50 penalty imposed by the IRS under section 6723. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 civil penalty. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Confidentiality: If we disclose or use your Taxpayer Identification Number in violation of Federal law, we may be subject to civil and criminal penalties.