



An independent licensee of the Blue Cross and Blue Shield Association

All providers who apply for participation in a BCBSWY network(s) are required to complete an application.

This grid outlines the required information for all applicants.

Application Information	Applicable Provider		
	Facility	Agency	Pract.
Practitioner's education and professional training history (including Board certification status if applicable)			X
An up-to-date history of all licensure			X
Documentation of current controlled dangerous substance certificates, federal (DEA) and state (if applicable)			X
Facility License	X	X	
NPI Number	X	X	X
Liability Insurance	X	X	X
Liability claims history		X	X
Sanctions history		X	X
Professional disciplinary history (this includes, but is not limited to state boards and Medicare/ Medicaid)		X	X
Hospital privileges (if applicable)			X
Any issues that could impede the practitioner's ability to provide quality health care services			X
An attestation that the application is complete and accurate	X	X	X
A statement authorizing BCBSWY to collect verifying information (signed and dated by applicant)	X	X	X