



CONTRACT INFORMATION FORM

CLINIC INFORMATION

Enter the information of the clinic that will be added

CLINIC LEGAL NAME (AS REGISTERED WITH IRS)	CONTACT PERSON	TAX ID
CLINIC DBA NAME (IF DIFFERENT FROM ABOVE)	CLINIC START DATE	GROUP NPI (TYPE 2)
SPECIALTY / PRACTICE TYPE (MEDICAL, DENTAL, MENTAL HEALTH, DME, LAB etc.)	Do you wish to receive Electronic Remits (Yes/No)	
CLINIC TELEPHONE	CLINIC FAX	CLINIC E-MAIL

CONTRACTS

CONTRACTS ARE EFFECTIVE WHEN THE BCBS CEO SIGNS THEM
MARK ALL THAT APPLY

CONTRACT TYPE	DATE CLINIC SIGNED	INTERNAL USE ONLY (CEO SIGNED)
PARTICIPATING PROVIDER AGREEMENT		
WYOMING CHOICE (LARAMIE CO. ONLY)		

PROVIDER INFORMATION LIST THE PROVIDERS AT THIS PRACTICE

USE ADDITIONAL PAGES IF NEEDED

PROVIDER NAME	START DATE	SPECIALTY	INDIVIDUAL NPI (TYPE1)
PROVIDER NAME	START DATE	SPECIALTY	INDIVIDUAL NPI (TYPE1)
PROVIDER NAME	START DATE	SPECIALTY	INDIVIDUAL NPI (TYPE1)

NUMBER OF PRACTICE LOCATIONS:	CLINIC WEBSITE:
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ADDRESS INFORMATION LIST ALL LOCATIONS

PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
			-
MAILING ADDRESS	CITY	STATE	ZIP CODE
			-
BILLING/CHECK ADDRESS	CITY	STATE	ZIP CODE
			-

HANDICAP ACCESSIBLE: Yes No

BLUE CROSS BLUE SHIELD OF WYOMING CONTRACT INFORMATION FORM

CLINIC LOCATION #2 INFORMATION			
CLINIC NAME (if different from location #1 Clinic Name)			
PRACTICE TELEPHONE	PRACTICE FAX NUMBER	GROUP (TYPE 2) NPI NUMBER	
PHYSICAL ADDRESS		CITY	ZIP CODE -
MAILING ADDRESS		CITY	ZIP CODE -
BILLING/CHECK ADDRESS		CITY	ZIP CODE -
HANDICAP ACCESSIBLE: <input type="checkbox"/> Yes <input type="checkbox"/> No			

CLINIC LOCATION #3 INFORMATION			
CLINIC NAME (if different from location #1 Clinic Name)			
PRACTICE TELEPHONE	PRACTICE FAX NUMBER	GROUP (TYPE 2) NPI NUMBER	
PHYSICAL ADDRESS		CITY	ZIP CODE -
MAILING ADDRESS		CITY	ZIP CODE -
BILLING/CHECK ADDRESS		CITY	ZIP CODE -
HANDICAP ACCESSIBLE: <input type="checkbox"/> Yes <input type="checkbox"/> No			

CLINIC LOCATION #4 INFORMATION			
CLINIC NAME (if different from location #1 Clinic Name)			
PRACTICE TELEPHONE	PRACTICE FAX NUMBER	GROUP (TYPE 2) NPI NUMBER	
PHYSICAL ADDRESS		CITY	ZIP CODE -
MAILING ADDRESS		CITY	ZIP CODE -
BILLING/CHECK ADDRESS		CITY	ZIP CODE -
HANDICAP ACCESSIBLE: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please use additional copies of page 2 for more than four clinic locations.

BLUE CROSS BLUE SHIELD OF WYOMING CONTRACT INFORMATION FORM SURVEY

DOES THIS CLINIC PROVIDE TELEMEDICINE SERVICES? YES__ NO__
BEHAVIORAL HEALTH CLINIC, CAN YOU PROVIDE APPOINTMENTS WITHIN 10 BUSINESS DAYS? YES__ NO__
PRIMARY CARE CLINICS, CAN YOU PROVIDE APPOINTMENTS WITHIN 15 BUSINESS DAYS? YES__ NO__
SPECIALTY CARE (NON-URGENT), CAN YOU PROVIDE APPOINTMENTS WITHIN 30 BUSINESS DAYS? YES__ NO__

RETURN THIS FORM TO
[EMAIL: provider.relations@bcbswy.com](mailto:provider.relations@bcbswy.com)