

New practice acquisition | Dental

Please complete all sections of the **Abbreviated Application in its entirety, document cannot be saved.** Approximate length of time to complete is 5 minutes. Forms submitted with incomplete and/or missing information will delay the processing of your request.

New Practice Acquisition

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.

2. Termination Request Form:

Termination request form for previous TIN and list of providers to terminate

3. Attach photocopies of the following:

- ✓ IRS Form W-9 with the practice information.
- ✓ IRSTIN verification letter for new TIN's.
- ✓ Bill of Sale or letter explaining the acquisition with previous TIN and NPI and the new TIN and NPI.
- ✓ 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 of signature				
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	Prostho	Oral Surg	Ortho	
Office name					Contact name			
Address			City			State	ZIP	County
Phone		Fax			Email			
Languages spoken				Website				
Office hours								
Mon:		Tues:	Wed:	Thurs:	Fri:	Sat:	Sun:	
TDD			Accessibly 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 Network Operations
 PO Box 1650
 Little Rock AR 72203

or

Fax: 501-208-8302

Email: dentalproviderrealations@usablelife.com

Termination form for clinic/group billing

Please complete all sections of the termination request form in its entirety, document cannot be saved. Approximate length of time to complete is 5 minutes. Forms submitted with incomplete and/or missing information will delay the processing of your request.

Terminating from the network

Terminating from a location

1. Termination request form:

Participation in the **Arkansas Blue Cross and Blue Shield PPP network is required**. Termination from the PPP network will terminate all affiliated networks. Termination to a location if other locations are remaining active will not affect the provider's network status. Complete each section of the form with indication *Not Applicable (N/A)* where appropriate. Please include an explanation in the Comment Section describing the termination you are requesting.

Full network termination

Terminating Medicare Advantage

Terminating PPO

Terminating from a location

2. Attach photocopies of the following:

- ✓ List of all locations provider is terminating from

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