

Provider name or specialty change form | Dental

Please complete all sections of the Abbreviated Application in its entirety, document cannot be saved.

Approximate length of time to complete is five minutes. Forms submitted with incomplete and/or missing information will delay the processing of your request.

Name change

Specialty change

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. Attach photocopies of the following:

- ✓ IRS Form W-9 with the practice information.
- ✓ Marriage license for name change.
- ✓ Copy of [Arkansas State Board](#) verification reflecting the updated change: Name or Specialty.

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	
Prosth		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