

NPI Provider Notification Form

Register your National Provider Identifier (NPI) with BlueCross BlueShield of South Carolina and BlueChoice HealthPlan using this form. Please complete all data fields. If you registered for more than one NPI, complete this form for each NPI. **Attach your notification letter from the National Plan and Provider Enumeration System (NPPES) for each NPI you received. This verification is required.** Fax all materials to Provider Certification at 803-264-4795. This is an automated fax routed to a secure electronic inbox.

If you have any questions, please email us at Provider.Cert@bcssc.com.

(Please type or print)

Provider's Full Name: (facility, PA group name; or individual's last name, first name, middle initial)		
Check One:		
<input type="checkbox"/> Facility	<input type="checkbox"/> PA Group	<input type="checkbox"/> Physician
<input type="checkbox"/> All Other Providers		
Check One:		
<input type="checkbox"/> Type 1 – Individual Number	<input type="checkbox"/> Type II – Organizational Number	
NPI 10-Digit Number Assigned by Enumerator:		
BlueCross or BlueChoice HealthPlan Provider Number(s) Linked to This NPI (please include Social Security Number and/or TIN with suffix, if applicable):		
Street Address:	County:	
City:	State:	ZIP Code:
Contact Name/Title:		
Email Address:		
Telephone Number:		

Enter text directly into the form by placing your cursor on each blank. Click on boxes to select them, or tab to them and press your spacebar. You can also save this form to your computer. Use the "Clear Form" button to delete all answers. Print the form and fax it to us to complete your application.