

REQUEST TO ADD OR TERMINATE PRACTITIONER AFFILIATION

Please complete this form to request the addition or termination of a health professional's association with your clinic, group, professional association or institution for BlueCross BlueShield of South Carolina, Preferred Blue (PPC), FEP and/or State Health Plan **This form should be completed no greater than 30 days of the addition, termination or change.** Fax the completed form to 803-264-4795.

If you are adding a provider not currently on our file, you will also need to complete the *Health Professional Application to File Claims* and the *Authorization For Clinic/Group/Institution To Bill For Services*. If you have questions about this form, you may send those questions to Provider.Cert@bcssc.com.

(Please type or print)

Add Terminate

Date of Request: _____

Practitioner Name: _____ *Social Security Number: _____

*Federal Tax ID Number (plus suffix, if applicable): _____ Effective Date: _____

National Provider Identifier _____

Additional Tax ID Numbers (plus suffix, if applicable):	Address:	Effective Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Signature of Clinic, Group, Institution Representative)

(Print Name of Clinic, Group, Institution Representative)

(Representative's Title)

E-mail Address: _____ (Required if you would like notice that the requested changes have been made.)