



## In-State, Out-of-Network Enrollment Checklist

Use this checklist to determine which items are needed for a clean application based on your enrollment type. The shaded areas indicate what is required.

Complete the enrollment process through [My Provider Enrollment Portal](#).

If you are unable to submit an application through the portal, please ensure you include **all required documentation with applicable signatures, initials and dates** to [Provider.Blue.Enroll@bcssc.com](mailto:Provider.Blue.Enroll@bcssc.com) to begin the enrollment process.

Checklist Items	Individual Enrollment	Group Practice Enrollment
<a href="#">Health Professional Application</a>	See Footnote 1	
<a href="#">Authorization to Bill for Services</a>		
<a href="#">Group Practice Application</a>	See Footnote 2	
<a href="#">IRS Verification of Tax ID (No W-9s)</a>	See Footnote 2	
<a href="#">Electronic Funds Transfer Enrollment</a>	See Footnote 2	

<sup>1</sup>Needed for each individual being linked to the practice.

<sup>2</sup>Only needed if the group is not on file.

