

## **Credentialing Form**

After completing the credentialing application process with CAQH, please complete this form to provide Blue Cross and Blue Shield of Nebraska (BCBSNE) with the details needed to look up your information in the CAQH system.

## Exceptions: If you are:

- A provisional provider or registered behavioral technician, please complete the Credentialing Provisional Provider form available only through NaviNet® via the Administrative Updates/Secure Forms instead of this supplemental credentialing form.
- Part of a physician hospital organization (PHO), please contact your PHO representative directly. You do not need to complete this credentialing form.

Provider Information Name:				
Date of Birth:	 Male Fer			
Social Security Number:	Individual NPI Num	Individual NPI Number:		
Nebraska License Number:				
Specialty Type:				
For Physicians only, are you practicing as a PC				
City and State of provider's residence:				
Is the provider medication-assisted treatment of	certified?			
Does the provider offer telehealth services?	☐ Yes ☐ No			
Clinic Information				
Facility Name:	Phone Number:			
Address:	0.1	State:	ZIP:	
Organization NPI Number:				
Tax ID Number:				
Does the Tax ID (Group) only practice remotely	y/telehealth?			
Office Location Start Date (MM, DD, YYYY):				
Note: We will give you your official start date once you're your effective date as close as possible to the requested			is form. We aim to get	
Contact Information for the Represent	_			
Email Address:	Dhara Marahan			
To Submit This Form: Email the completed form to CredentialingRequ				