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 provisional provider form 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 ☐ Female

Social Security Number: _____ Individual NPI Number: _____

Nebraska License Number: _____ CAQH Provider ID Number: _____

Specialty Type: _____

City and State of provider's residence: _____

Is the provider medication-assisted treatment certified? ☐ Yes ☐ No

Does the provider offer telehealth services? ☐ Yes ☐ No

Clinic Information

Facility Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ ZIP: _____

Organization NPI Number: _____

Tax ID Number: _____

Does the Tax ID (Group) only practice remotely/telehealth? ☐ Yes ☐ No

Office Location Start Date (MM, DD, YYYY): _____

Note: We will give you your official start date once you're approved through credentialing. Please request a future date on this form. We aim to get your effective date as close as possible to the requested date. Credentialing approval may take up to 60 days.

Contact Information for the Representative Submitting This Form

Name: _____

Email Address: _____ Phone Number: _____

To Submit This Form:

Email the completed form to CredentialingRequests@NebraskaBlue.com

Blue Cross and Blue Shield of Nebraska is an independent licensee of the Blue Cross Blue Shield Association