BlueCross BlueShield
Nebraska

# Provisional Provider Form

For use by PLMHP, PLADC, PLCSW, PCMSW, PPhD, PPsyD, and RBT providers only

## Provider Information

Provider Name: ______________________ Phone Number: ____________

Email Address: ______________________

Individual NPI: ____________ SSN: ____________ DOB: ____________

NE Lic Number: ____________ Provisional Supervisor: ____________

Requested Effective Date - Needs to be a future date or the receive date will be given: ____________

## Physical and Billing Address

Tax ID for Claim Filing: ____________ Office Name: ____________

Office Address: ____________ City: ____________ State: ____ Zip: ____

Office Phone: ____________ Office Fax: ____________

Payment Name: ______________________

Billing Address: ____________ City: ____________ State: ____ Zip: ____

Billing Phone: ____________ Billing Fax: ____________

## Education History

| School(s) Attended | Dates | Degree and Year Graduated |
|---|---|---|
| | | |

## Specialty Information

Specialty: ______________________

Sub-Specialty: ______________________

Professional Membership / Appointments:

Academic Appointments, Research, Publications:

BlueCross BlueShield Nebraska

# Provisional Provider Form *(continued)*

Provider Name: ______________________ SSN: ______________

## Professional Experience - Past Five Years

Organization Name: ______________________

Address: ______________________

City: ______________ State: ______ Zip: ______

Start Date: ______ End Date: ______ Position Held: ______________

Organization Name: ______________________

Address: ______________________

City: ______________ State: ______ Zip: ______

Start Date: ______ End Date: ______ Position Held: ______________

## Liability Insurance

Insurance Provider: ______________________

Provider's Address: ______________________

Policy Number: ______________ Policy Limit(s): ______________

Have there been any gaps in liability coverage in the past five years? ◯ Yes ◯ No

Do you have previous or pending judgments or settlements in liability cases? ◯ Yes ◯ No

Have you ever been convicted of, or plead guilty to, a felony? ◯ Yes ◯ No

If you answered "yes" to any of the above, please explain (include dates, reasons, results, etc.):

## Attestation and Authorization

I certify that the above information is accurate and true, and I authorize any third party to release any information concerning this application to Blue Cross and Blue Shield of Nebraska.

Signature: ______________________ Date: ______________

Supervisor Signature: ______________________ Date: ______________