



Checklist for Initial Provider Enrollment

Submit all documentation to Provider.Blue.Enroll@bcssc.com.

Use this checklist to determine which forms you need based on your specialty type. Each checklist item is hyperlinked to forms or examples for your reference. Note: Mid-levels include NP, PA, CRNA, CNM, CNS and hospital-based physicians. Ancillary includes speech, physical, occupational and audiology therapists.

Checklist Items	Mid-Level	Physician	DDS	DMD	Ancillary	Chiro
A Provider Enrollment Application	1					
B Registration Form for Mid-Level and Hospital-Based Providers						
C SC Dental Credentialing Application²						
D Copy of SC Medical/Practice License						
E DEA Certification⁴			3	3		
F Current Copy of Malpractice Insurance (Minimum \$1M/\$3M) (Must include the provider's name or a roster with the provider name to be valid.)						
G Authorization for Clinic/Group to Bill for Services⁵						
H Clinical Lab Improvement Amendments (CLIA) Form						
I NP Preceptor Form						
J Network Contracts (send in a request)						
Additional Items for Medicaid						
K Medicaid ID Number⁶						
L Disclosure of Ownership Form 1514						
M Nurse Protocols						

¹If you are a mid-level provider who wants to be enrolled in our Medicaid network, fill out the Provider Enrollment Application.

²If the provider performs any routine dental services, the Dental Credentialing Application is needed.

³If applicable

⁴Required for M.D.s, D.O.s, O.D.s, NPs and PAs.

⁵A copy is included in the Provider Enrollment Application.

⁶On the Provider Enrollment Application

