BlueCross BlueShield of South Carolina and
BlueChoice® HealthPlan of South Carolina

# Provider Enrollment Checklist for Practice Enrollment

**Submit all documentation to Provider.Blue.Enroll@bcbssc.com.**

Checklist Item is hyper-linked with forms or examples for your reference.

| | **Checklist Items** |
|---|---|
| ☐ | Application For Clinic/Group/Institution/Location to File Claims or to Change Employer Identification Number (EIN) |
| ☐ | IRS Verification of Tax ID (No W-9s)[1] |
| ☐ | EFT/ERA Enrollment (Signed Terms/Conditions)[2] |
| ☐ | Application for Satellite Location |
| ☐ | Clinical Lab Improvement Amendments (CLIA) |
| ☐ | Network Contracts (request them) |
| | Additional Items for Medicaid |
| ☐ | Medicaid ID Number |
| ☐ | Disclosure of Ownership Form 1514 |

1 Only needed if the provider is registering a brand-new Tax ID number.
2 Only needed if the provider is registering a brand-new Tax ID number or a new satellite location.

Additional documentation may be required depending on the type of group you're enrolling. Contact us for more information. Please note all individual providers also need to be credentialed. For instructions on credentialing individual providers, please see the Provider Enrollment section of www.BlueChoiceSC.com.

Healthy Blue℠
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Healthy Connections

*BlueCross BlueShield of South Carolina and BlueChoice HealthPlan are independent licensees of the Blue Cross and Blue Shield Association. BlueChoice HealthPlan has contracted with Amerigroup Partnership Plan, LLC, an independent company, for services to support administration of Healthy Connections.*

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