



Provider Enrollment Checklist for Initial Provider Enrollment

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

Use this checklist to determine which forms you need based on your specialty type. Each checklist item is hyper-linked with 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	M.D.	DDS	DMD	Ancillary	Chiro
A Provider Enrollment Application	1					
B Registration Form for Mid-Level and Hospital-Based Providers						
C SC Dental Credentialing Application ²						
D Copy of SC Medical/Practice License						
E DEA Certification ³			4	4		
F Current Copy of Malpractice Insurance (Minimum \$1M/3M)						
G Authorization for Clinic/Group to Bill for Services ⁵						
H Clinical Lab Improvement Amendments (CLIA) form						
I NP Preceptor Form						
J Network Contracts from My Insurance Manager SM or send in a request						
K Additional Items for Medicaid						
Medicaid ID Number ⁶						
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.

³Required for M.D.s, DOs, ODs, NPs and PAs.

⁴If applicable

⁵A copy is included in the Provider Enrollment Application.

⁶On the Provider Enrollment Application

