

Independent licensees of the Blue Cross and Blue Shield Association

Complete this form to request participation in the BlueCross BlueShield of South Carolina and BlueChoice HealthPlan Centering Pregnancy program. Approval of your application allows you to receive reimbursement for Centering Pregnancy services to applicable BlueCross and BlueChoice® members.

In order to participate as a Centering Pregnancy provider, practices must have Centering® Healthcare Institute membership and also be in the process of achieving (or have already achieved) Site Approval status. Providers must maintain accreditation/licensure with Centering Healthcare Institute in order to maintain participation in our Centering Pregnancy Program. The Centering Healthcare Institute is a separate company that provides wellness education on behalf of BlueCross and BlueChoice.

Practice Name:		
Tax ID Number :		
Complete Mailing Address:		
Contact Information:	Contact's Name:	
	Title/Role:	
	Telephone Number:	
	Fax Number:	
Delivery Information:	Total Number of Deliveries within the Last Calendar Year:	
	Of Those, How Many Were Vaginal Deliveries?	
	Of Those, How Many Were Cesarean Deliveries?	
Date the practice began Centering Pregnancy visits:		
Signature:		Date:

Fax this completed form along with a copy of your Centering Healthcare Institute agreement/certification to 803-870-9884.

Submission of this form is not a guarantee of approval of participation, benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.