



### NPI Provider Notification Form

Register your National Provider Identifier (NPI) with BlueCross BlueShield of South Carolina and BlueChoice HealthPlan using this form. Please complete all data fields. If you registered for more than one NPI, complete this form for each NPI. **Attach your notification letter from the National Plan and Provider Enumeration System (NPPES) for each NPI you received. This verification is required.** Email the documentation to [Provider.BCBS.Updates@bcbsc.com](mailto:Provider.BCBS.Updates@bcbsc.com) or fax to 803-264-4795.

**(Please type)**

Provider's Full Name: (Facility, PA group name; Or individual's last name, first name, middle initial)		
Check One:		
<input type="checkbox"/> Facility	<input type="checkbox"/> PA Group	<input type="checkbox"/> Physician <input type="checkbox"/> All Other Providers
Check One:		
<input checked="" type="checkbox"/> Type I – Individual Number	<input type="checkbox"/> Type II – Organizational Number	
NPI 10-Digit Number Assigned by Enumerator:		Tax Identification Number:
BlueCross or BlueChoice HealthPlan Provider Number(s) Linked to This NPI (please include Social Security Number and/or TIN with suffix, if applicable):		
Street Address:		County:
City:	State:	ZIP Code:
Contact Name/Title:		
Email Address:		
Telephone Number:		