



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

Request to Add or Terminate Practitioner Affiliation

Please complete this form to request the addition or termination of a health professional's association with your clinic, group, professional association or institution for BlueCross BlueShield of South Carolina for Preferred Blue®, BlueChoice HealthPlan, Healthy BlueSM, FEP and/or State Health Plan. **This form should be completed no more than 30 days after the addition, termination or change.** Email the completed form to Provider.Blue.Updates@bcbsc.com or fax 803-264-4795.

If you are adding a provider not current enrolled with us, you will also need to complete the Provider Enrollment Application and required documentation.

Add Terminate

Date of Request: _____

Practitioner's Name: _____ Social Security Number: _____

Federal Tax ID Number (plus suffix, if applicable): _____ Effective Date: _____

National Provider Identifier (NPI): _____

Additional Tax ID Number:	Address:	Effective Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Signature of Clinic, Group, Institution Representative)

(Print Name of Clinic, Group, Institution Representative)

(Signature of Clinic, Group, Institution Representative)

Email Address: _____ (Required if would like notice that the requested changes have been made)