



PROVIDER ENROLLMENT CHECKLIST FOR PRACTICE ENROLLMENT

Submit all documentation to Provider.Blue.Enroll@bcssc.com. Each checklist item is hyper-linked with forms or examples for your reference.

| Checklist Items | |
|-------------------------------|--|
| <input type="checkbox"/> | Application For Clinic/Group/Institution/Location to File Claims or to Change Employer Identification Number (EIN) |
| <input type="checkbox"/> | IRS Verification of Tax ID (No W-9s)¹ |
| <input type="checkbox"/> | EFT/ERA Enrollment (Signed Terms/Conditions)² |
| <input type="checkbox"/> | Application for Satellite Location |
| <input type="checkbox"/> | Clinical Lab Improvement Amendments (CLIA) |
| <input type="checkbox"/> | Network Contracts from My Insurance Manager® or request them |
| Additional Items for Medicaid | |
| <input type="checkbox"/> | Medicaid ID Number |

¹Only 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.SouthCarolinaBlues.com.

