

PROVIDER ENROLLMENT CHECKLIST

Submit all documentation to Provider.Blue.Enroll@bcssc.com or fax 803-870-8919 for network provider request. Email non-network requests to Provider.Blue.Updates@bcssc.com or fax to 803-264-4795.

Checklist item is hyper-linked with forms or examples for your reference.

Checklist Items	Physician's Office	Ambulance	DME	Home Health, Hospice, Dialysis, Hospitals, Skilled Nursing, Ambulatory Surgical Centers	Pharmacy	Dental
A Application For Clinic/Group/ Institution/Location to File Claims or to Change Employer Identification Number (EIN)						
B IRS Verification of Tax ID (No W-9s)¹						
C Electronic Funds Transfer Enrollment²						
D Application for Satellite Location						
E Clinical Lab Improvement Amendments (CLIA)						
F Network Contracts (request them)						
G Copy of CMS Letter						
H Copy of Medicare PTAN Letter						
I Copy of Business License						
J Copy of DHEC License						
Additional Items for Healthy BlueSM Medicaid						
K Medicaid ID Number						

¹Only needed if the provider is registering a brand-new Tax ID number.

²Only 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.