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

CHECKLIST FOR INITIAL PROVIDER ENROLLMENT

Submit all documentation to Provider.Blue.Enroll@bcbssc.com.

Use this checklist to determine which forms you need based on your specialty type. **Each checklist item is hyperlinked to forms or examples for your reference.** Note: Mid-levels include NP, PA, CRNA, CNM, CNS and hospital-based physicians. Ancillary includes speech, physical, occupational and audiology therapists.

	Checklist Items	Mid-Level	Physician	DDS	DMD	Ancillary	Chiro
A	Provider Enrollment Application	See Footnote 1			See Footnote 7		
B	Registration Form for Mid-Level and Hospital-Based Providers						
C	SC Dental Credentialing Application[2]						
D	Copy of SC Medical/Practice License						
E	DEA Certification[4]			See Footnote 3	See Footnote 3		
F	Current Copy of Malpractice Insurance (Minimum $1M/$3M) (Must include the provider's name or a roster with the provider name to be valid.)						
G	Authorization for Clinic/Group to Bill for Services[5]						
H	Clinical Lab Improvement Amendments (CLIA) Form				See Footnote 7		
I	NP Preceptor Form						
J	Network Contracts (send in a request)						
K	Hold Harmless for BlueChoice HealthPlan						
L	Appendix D for BlueChoice HealthPlan						
	Additional Items for Medicaid						
M	Medicaid ID Number[6]				See Footnote 7		
N	Nurse Protocols						

[1]If you are a mid-level provider who wants to be enrolled in our Medicaid network, fill out the Provider Enrollment Application.

[2]If the provider performs any routine dental services, the Dental Credentialing Application is needed.

[3]If applicable.

[4]Required for M.D.s, DOs, ODs, NPs and PAs.

[5]A copy is included in the Provider Enrollment Application.

[6]On the Provider Enrollment Application.π

[7]Required when DMD is applying for medical networks.

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