



Group Practice Enrollment Checklist

Use this checklist to determine which items are needed for a clean application based on your group type. The shaded areas indicate what is required.

Complete the enrollment process through [My Provider Enrollment Portal](#).

If you are unable to submit an application through the portal, please ensure you include **all required documentation with applicable signatures, initials and dates** to Provider.Blue.Enroll@bcbsc.com to begin the enrollment process.

Checklist Items	Physician's Office	Ambulance	DME	Home Health, Hospice, Dialysis, Hospitals, Skilled Nursing, ASC*	Pharmacy	Dental
Group Practice Application	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded
IRS Verification of Tax ID (No W-9s)	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded
Electronic Funds Transfer Enrollment	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded
Application for Satellite Location	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded
Clinical Lab Improvement Amendments	Shaded			Shaded	Shaded	
Signed Contracts	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded
Copy of CMS Letter		Shaded	Shaded	Shaded	Shaded	
Copy of Medicare PTAN Letter			Shaded		Shaded	
Copy of Business License			Shaded	Shaded		
Copy of DHEC License				Shaded	Shaded	
Additional Items for Medicaid						
Medicaid ID Number	Shaded	Shaded	Shaded	Shaded	Shaded	

*Ambulatory Surgery Center (ASC)

