**Initial Credentialing Application**

Thank you for your interest in joining the Blue Shield network, please carefully follow the instruction provided below. There are two-part processes which include Contracting and Credentialing. Please send relevant documents to the appropriate department as outlined below.

**CONTRACTING**

All the documents related to the **contracting,** please submit them to the contact information provided below.Any **contracting** questions, please call Provider Information and Enrollment at (800) 258-3091.

**Mail:** Blue Shield of California

Attn: Provider Information and Enrollment

P. O. Box 629017

El Dorado Hills, CA 95762-9010

**Email:** [**BSCProviderinfo@blueshieldca.com**](mailto:BSCProviderinfo@blueshieldca.com)

**Phone:** (800) 258-3091

**CREDENTIALING**

The attached California Participating Practitioner’s Application, Credentialing Checklist and all supporting documentation outlined in the checklist should be submitted to:

**Mail:** Blue Shield of California

Attn: Credentialing Department

601 12th Street, 21st Floor

Oakland, CA 94607

**Email:** [**BSCInitialApp@blueshieldca.com**](mailto:BSCInitialApp@blueshieldca.com)

**ATTENTION:** Initial credentialing applications must be completed, signed and dated and include the initial credentialing checklist and all required documents listed in the checklist. Incomplete applications cannot be processed. Failure to submit a completed application will delay or stop the credentialing process.

**Credentialing Checklist**

The checklist is to guide you to provide the required documents that must be sent to Blue Shield of California’s Credentialing Department for the credentialing application process. Any missing or omitting information will delay the application process. If you have credentialing questions or wish to discontinue the credentialing process at any time, please send a written request to the credentialing department. All required documents must be submitted to the following contact information provided below:

**Email:** [**BSCInitialApp@blueshieldca.com**](mailto:BSCInitialApp@blueshieldca.com)

**Mail:** Blue Shield of California

Attn: Credentialing Department

601 12th Street, 21st Floor

Oakland, CA 94607

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| **CHECKLIST MUST BE SUBMITTED WITH THE APPLICATION** | |
|  | **Credentialing Application**  Completed, signed and dated attached California Participating Practitioner Application. The application should be typed. The application attached is in a fillable form, which should be saved when completed. To fill in the application, check the box labeled “Check if there are any changes and update below” in each section.  **ALL SECTIONS MUST BE COMPLETED INCLUDING THE ATTESTATION QUESTIONNAIRE AND ADDENDUMS A AND B.** |
|  | **Curriculum Vitae**  Copy of current CV/Resume. Include work history for the previous five years, listing months and years of each employment with no gap. |
|  | **Medical License/Registration/Certification/Professional License**  Copy of current California Medical License/Registration/Certification/Professional License |
|  | **DEA Controlled Substance Registration Certificate with California address, if applicable** Copy of current DEA Controlled Substance Registration certificate. |
|  | **Professional Malpractice Liability Insurance Certificate**  Copy of current Professional Malpractice Liability Insurance Certificate showing the following information:   * Name of policy holder * Name of policy carrier * Limits of Liability ($1M/$3M; $1M/$1M for allied health & non-physician behavioral health practitioners) * Expiration Date |
|  | **Board Eligibility/Certification, if applicable**  Copy of current Board Certification. |
|  | **Educational Commission for Foreign Medical Graduate (ECFMG) Certificate, if applicable** |
|  | **National Provider Identification (NPI)** |
|  | **Medi-Cal Acceptance Letter or Number** |
|  | **Medicare Certification Letter or Number** |
|  | **Contracting Specialty Requested:**  **Credentialing Mailing Address:**  **Phone #:**  **Email Address:**  **Contact Person Name:** |

**Please note**: This credentialing process is being conducted under the provisions of California Evidence Code Section 1157 and Health and Safety Code Section 1370. All information submitted or obtained during this process will be used and maintained in accordance with these provisions.