



**Dual Line of Business  
Individual Credentialing Intake Form**

This intake form is intended for individuals who are joining with existing Blue Shield of California (Blue Shield) Medicare, Commercial, and/or Blue Shield Promise Medi-Cal contracts and for providers wishing to join new/pending Medicare and/or Commercial contracts.

For net new or pending Medi-Cal contract negotiations please submit a letter of interest via email to [promiselo@blueshieldca.com](mailto:promiselo@blueshieldca.com).

Contract Information:	
<b>Requested Line of Business:</b>	<b>Blue Shield of California:</b> <input type="checkbox"/> <b>Medicare</b> <input type="checkbox"/> <b>Commercial</b> <input type="checkbox"/> <b>TriWest</b> <b>Blue Shield Promise:</b> <input type="checkbox"/> <b>Medi-Cal (Requires existing Medi-Cal contract)</b>
<b>Contract Status:</b>	<input type="checkbox"/> <b>Contract Established/Existing:</b> Group or practitioner holds a fully executed provider agreement with commercial, Medicare and/or Medi-Cal lines of business.  <input type="checkbox"/> <b>Contract Pending (Blue Shield only):</b> Group or practitioner is in negotiations with commercial and/or Medicare lines of business. <ul style="list-style-type: none"> <li>Please <u>do not</u> select this option if you are a <u>net new or pending Medi-Cal contract</u>, if you do so the application will be cancelled. In order to apply for a new contract with Promise Health Plan, you will need to reach out to the above mentioned <a href="mailto:promiselo@blueshieldca.com">promiselo@blueshieldca.com</a> email address.</li> </ul>
	<b>Contract Entity Name:</b> <b>Contract Entity Tax ID:</b> <b>Contract Entity NPI:</b>
Individual Practitioner/Provider Information:	
<b>Practitioner Information:</b>	<b>Name:</b> <b>Medical License Number:</b> <b>Date of Birth:</b> <b>NPI:</b>
<b>Application Type: (select one)</b>	<input type="checkbox"/> <b>CAQH – CAQH Number Required:</b> <input type="checkbox"/> <b>CPPA, NPMP, or AHPA – PDF of application required</b>
<b>Provider Type:</b>	<input type="checkbox"/> <b>Primary Care Physician (PCP)</b> <input type="checkbox"/> <b>Specialist</b> <input type="checkbox"/> <b>Mid-Level</b> <input type="checkbox"/> <b>Hospitalist</b> <input type="checkbox"/> <b>Urgent Care Specialist</b> <input type="checkbox"/> <b>Behavioral Health (BH)</b> <input type="checkbox"/> <b>Telehealth</b> <input type="checkbox"/> <b>Mental Health/Substance Use Disorder (MH/SUD)</b> <input type="checkbox"/> <b>Other (please indicate):</b>
	<b>Primary Specialty:</b>

<b>Requested Contract Specialty:</b>	<b>Secondary Specialty:</b>
<b>Office Location and Contact Information:</b>	
<b>Physical Location Information:</b>	<b>Street Address:</b> <b>City, State, Zip:</b> <b>Phone #:</b> <b>Fax #:</b> <b>Email:</b>
	<b>Manager Name:</b> <b>Manager Email:</b> <b>Phone #:</b>
<b>Credentialing Contact Information:</b>	<b>Name:</b> <b>Email:</b> <b>Phone #:</b>
	<b>Mailing Address of notice (if different from physical location):</b>
<b>Supporting Documentation:</b>	
<b>Please include copies of the attached, if applicable:</b>	<input type="checkbox"/> CPPA, NPMP, or AHPA, <u>if applicable</u> <input type="checkbox"/> Curriculum Vitae/Resume <input type="checkbox"/> Malpractice insurance certificate, \$1M per occurrence & \$3M aggregate (must be current) or as applicable based on provider type. <input type="checkbox"/> Mid-Level Delegation Agreement, <u>if applicable</u> <input type="checkbox"/> Covering Physician Agreement, <u>if applicable</u> <ul style="list-style-type: none"> <li>• Covering Physician required for applicants that require a covering physician for hospital privileges and/or DEA.</li> </ul> <p><b><u>For Blue Shield Promise Medi-Cal applicants only:</u></b></p> <ul style="list-style-type: none"> <li>• If applying as a PCP has the practice location had a recent Facility Site Review within the last 3 years.   <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>• <input type="checkbox"/> Medi-Cal Acceptance Letter, if available.  Please note the credentialing department validates Medi-Cal enrollment via <a href="#">California Health and Human Services Open Data Portal</a>. If the provider cannot be validated via the portal, a Medi-Cal acceptance letter may be required.</li> </ul>