

Individual Practitioner Information Change Form (ICF-01)

The data provided on this form or an additional form with equivalent data is used by Blue Shield of California (Blue Shield) and/or Blue Shield of California Promise Health Plan (Blue Shield Promise) to add, change, or remove information on an established practitioner record. Blue Shield and/or Blue Shield Promise will confirm that the request has been processed.

Instructions

Identify the practitioner requiring changes by populating the practitioner name, tax identification number (TIN), and national provider identifier (NPI) fields. Complete all applicable fields that require changes. Attach all required documentation, as outlined below, and return this form to Blue Shield and/or Blue Shield Promise via email at BSCProviderInfo@blueshieldca.com. This form may be completed electronically.

Required Documentation

This request will not be initiated until all the required documentation, as indicated below, is received by Blue Shield and/or Blue Shield Promise. Failure to provide the required documentation will result in no action being taken.

For changes to your corporation or business structure: Please submit the Articles of Incorporation with this form.

- For changes to your corporation or business structure, please submit the Articles of Incorporation with this form.
- For changes to your Employer Identification Number (EIN) or TIN, please submit a signed W-9 or Department of Treasury/Internal Revenue Service (IRS) tax document.
- For all other changes to your information, no supporting documentation is required.

Additional Information

This form is only used to update existing practitioner records. To create a new practitioner record, please complete the Practitioner Record Application (Form RA-01). This form is not an agreement to participate in the Blue Shield and/or Blue Shield Promise provider network. For information about joining either network, please contact our Provider Information and Enrollment Department via email at BSCProviderInfo@blueshieldca.com

In accordance with regulatory requirements, Blue Shield reports and publishes a maximum number of in-person service locations for practitioners:

Primary Care Physicians (PCPs)

One practitioner may not be listed as a primary care physician (PCP) in more than seven (7) in-person service location addresses across the entire network. This requirement applies even if the practitioner is listed as a PCP on rosters for multiple, separately contracted IPA/medical groups. The aggregated total for providing in-person services as a PCP must not exceed seven (7) service locations in Blue Shield's entire provider directory.

Physician Specialists

One physician specialist may not be listed as a specialist in more than eleven (11) in-person service location addresses across the entire network. This requirement applies even if the practitioner is listed as a specialist on rosters for multiple, separately contracted IPA/medical groups. The aggregated total for providing in-person services as a specialist must not exceed eleven (11) service locations in Blue Shield's entire provider directory. The above limitation requirements only apply to in-person service locations for each PCP or specialist practitioner.

No limits apply to locations where ONLY telehealth or virtual care services ONLY are provided by the PCP or specialist. If the practitioner also provides services to Blue Shield members in person at the location, however, it will be counted as an in-person services location.

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By submitting this form applicant certifies on behalf of this provider record that all information included on this form is true, accurate and complete. Any false statements, the concealment of material fact, or the use of false documents may lead to prosecution under applicable federal or state laws. Applicant certifies under penalty of perjury that the foregoing is true and correct. To **ADD** information, check the **ADD** box and use the **NEW** column. To **CHANGE** information, check the **CHANGE** box and use the **EXISTING** and **NEW** columns. To **REMOVE** information, check the **REMOVE** box and use the **EXISTING** column.

Identify the practitioner for whom changes are required (*indicates required field)

Practitioner license name:*	
Tax identification number (TIN):*	
National provider identifier (NPI):*	

Identify the specific updates below (check boxes and provide content, where applicable):

Add	Change	Remove	Information	Existing				New			
			Practitioner license name								
			Primary specialty/type of service								
			Secondary specialty								
			Practitioner language(s)								
			TIN (attach pre-printed tax document or W-9 form)								
			NPI								
			License number								
			Hospital affiliation								
			Service location address (see page 1 for special instructions)								
			Your individual practice email address								
			Appointment phone number								
			Fax number								
			Office days and hours	Sun	Mon	Tues	Wed	Sun	Mon	Tues	Wed
				Thurs	Fri	Sat		Thurs	Fri	Sat	
			After hours phone number								
			Wheelchair access?	Yes		No		Yes		No	
			Patient acceptance	Gender limitations: N/A Male only Female only				Gender limitations: N/A Male only Female only			
				Current patients only				Current patients only			
				New and existing patients				New and existing patients			
				Lowest age:		Highest age:		Lowest age:		Highest age:	
			Patient visit options (all that apply)	Telehealth visits		In-person visits		Telehealth visits		In-person visits	
			Hospital-based practitioner?	Yes		No		Yes		No	
			Supervising physician (if applicable)	Name		NPI		Name		NPI	
			Practitioner ethnicity								
			Area(s) of special expertise (check all that apply)	Physical disability		Blindness/Visually impaired		Physical disability		Blindness/Visually impaired	
				Co-occurring disorders		Deafness/hard of hearing		Co-occurring disorders		Deafness/hard of hearing	
				Homelessness		Chronic illness		Homelessness		Chronic illness	
				HIV/AIDS				HIV/AIDS			
			Billing address								
			Billing phone or fax number	Phone		Fax		Phone		Fax	