



**BLUE SHIELD OF CALIFORNIA
PROVIDER CREDENTIALING INTAKE FORM**

Application Type: (select one)	<input type="checkbox"/> CAQH – CAQH Number Required: _____ <input type="checkbox"/> CPPA, NPMP, or AHPA – PDF of application required
Contract Status:	Contract Entity Name: _____ Tax ID: _____
	<input type="checkbox"/> Contract Established/Existing <input type="checkbox"/> Contract Pending
Requested Line of Business:	<input type="checkbox"/> Medicare <input type="checkbox"/> TriWest <input type="checkbox"/> Commercial
Provider Information:	Name:
	Medical License Number:
	Date of Birth:
	NPI:
Provider Type:	<input type="checkbox"/> Primary Care Physician (PCP) <input type="checkbox"/> Specialist <input type="checkbox"/> Mid-Level <input type="checkbox"/> Hospitalist <input type="checkbox"/> Telehealth <input type="checkbox"/> Urgent Care Specialist <input type="checkbox"/> Behavioral Health (BH) <input type="checkbox"/> Mental Health/Substance Use Disorder (MH/SUD) <input type="checkbox"/> Other (please indicate): _____
Requested Contract Specialty:	Primary Specialty:
	Secondary Specialty:
Physical Location Information:	Street Address: _____ City, State, Zip: _____ Phone #: _____ Fax #: _____ Email: _____
	Manager Name: _____ Manager Email: _____ Phone #: _____
Credentialing Contact Information:	Name: _____ Email: _____ Phone #: _____
	Mailing Address (if different from physical location):
Attached Supporting Documentation:	<input type="checkbox"/> CPPA, NPMP, or AHPA, <u>if applicable</u> <input type="checkbox"/> N/A if CAQH <input type="checkbox"/> Mid-Level Delegation Agreement, <u>if applicable</u> ... <input type="checkbox"/> N/A <input type="checkbox"/> Admitting Physician Agreement, <u>if applicable</u> <input type="checkbox"/> N/A <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"/> Medicare Acceptance Letter, if available and applicable.

Please be advised the CAQH/CPPA/NPMP/AHPA applications apply to individual providers (physicians, mid-levels, BCBA, etc.); Health Delivery Organizations (HDO) must use HDO specific form.