Kansas City

BLUE KC CREDENTIALING & CONTRACTING APPLICATION

Instructions: Form must be completed in its entirety prior to submission to Blue KC.

PROVIDER INFORMATION – ALL SECTIONS REQUIRED. ONE FORM PER PROVIDER.

General Information

Today's Date: _____

CAQH #: _____

Date Re-attested: _____

First Name: _____

Middle Initial: _____

Last Name: _____

Title(Degree): _____

State License #

☐ MO#: _____

☐ KS#: _____

SSN#: _____

DOB: _____

Individual NPI: _____

Hire/Start Date: _____

Hospital Affiliation(s): _____

Specialty Details

☐ Primary Care Physician or ☐ Specialty Care

Specialty Care Type _____

☐ Nurse Practitioner / Physician's Assistant

Sponsoring Physician Name _____

Sponsoring Physician NPI # _____

Specialty Care Type _____

Other (Describe) _____

Accepts Medicare ☐ Yes ☐ No

Accepts Medicaid ☐ Yes ☐ No

Accepting New Patients? ☐ Yes ☐ No

Provider Contact

Office Phone#: _____

Office Fax#: _____

Email: _____

BUSINESS INFORMATION – ALL SECTIONS REQUIRED.

W9 Name: _____

Group (Type 2) NPI(s): _____

Group ID(s) to be added to: _____

Practice Address

Practice Name: _____

Street (incl. Suite): _____

City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

Handicap Accessible Location? ☐ Yes ☐ No

Billing / Remit Information

Business Tax ID: _____

Submit copy of W9 if new group or new solo practitioner.

Street (incl. Suite): _____

City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

Office Manager

Name: _____

Office Phone#: _____

Email: _____

Credentialing Contact

☐ *Check if same as Office Manager*

Name: _____

Office Phone#: _____

Email: _____

Contracting Contact Email address for Contracts: _____

Providers have the right to review information obtained by Blue KC to evaluate their credentialing application. This review may include information from any outside source (e.g., malpractice insurance carriers, state licensing boards.) Providers also have the right to correct erroneous information and, upon request, to be informed of the status of their credentialing application.

For Office Use Only:

☐ Employed Group

☐ Individual Agreements

Forms may be submitted electronically to **Providercredentialingandcontracting@bluekc.com** or mailed to:
Blue Cross and Blue Shield of Kansas City Attn. Provider Contracting
2301 Main Street Kansas City, MO 64108