NPI Provider Notification Form

Register your National Provider Identifier (NPI) with BlueCross BlueShield of South Carolina and BlueChoice HealthPlan using this form. Please complete all data fields. If you registered for more than one NPI, complete this form for each NPI. **Attach your notification letter from the National Plan and Provider Enumeration System (NPPES) for each NPI you received. This verification is required.**

Provider's Full Name: (Facility, PA group name; or individual's last name, first name, middle initial)	
Check One: ☐ Facility ☐ PA Group ☐ Physician ☐ Other: _____	
Check One: ☐ Type I – Individual Number ☐ Type II – Organizational Number	
Date of Service with Our Member:	
NPI 10-Digit Number Assigned by Enumerator:	Tax Identification Number:
BlueCross or BlueChoice Provider Number(s) Linked to This NPI *Note: Please include Social Security Number and/or TIN with suffix (if applicable):*	

Physical Location

Street Address:	County:	
City:	State:	ZIP:
Appointment Telephone Number:		
Email Address:		
Contact Name/Title:		

Pay to Address

Street Address:	County:	
City:	State:	ZIP Code: