



Request to Add or Terminate Practitioner Affiliation

Please complete this form to request the addition or termination of a health professional's association with your clinic, group, professional association, or institution for BlueCross BlueShield of South Carolina for Preferred Blue®, BlueChoice HealthPlan, Healthy BlueSM, FEP and/or State Health Plan. ***This form should be completed no more than 30 days after the addition, termination or change.***

Note: If you are adding a provider not currently enrolled with us, you will also need to complete the Provider Enrollment Application and required documentation.

Add Terminate

Date of Request: _____

Practitioner's Name: _____ Social Security Number: _____

Federal Tax ID Number (plus suffix, if applicable): _____ Effective Date: _____

Group National Provider Identifier (NPI): _____ Individual NPI Number: _____

Additional Tax ID Number:	Address:	Effective Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous Work History

Employer:	Address:	Employment Dates (Required): <i>MM/YYYY to MM/YYYY</i> <i>Enter "current" if currently employed.</i>
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

Signature of Clinic, Group, Institution Representative

Print Name of Clinic, Group, Institution Representative

Signature of Provider

Email Address (required for notification): _____