Blue Cross and Blue Shield of New Mexico

BCBSNM Agreement - Network Participation Request Form

Note: *Before you complete the BCBSNM Agreement Network Participation Online Request Form below, you must have obtained a* BCBSNM Provider Record ID.	
	* Indicates a required field, *if applicable*
The agreement is written for all lines of business. Please indicate in Exhibit II of the agreement if you must exclude a line of business. This includes HMO, PPO, PAR, POS, and FEP.	
Are you applying as a:	☐ Yes ☐ No - Primary Care Physician ☐ Yes ☐ No - Specialty Care Physician/other Professional Provider ☐ Yes ☐ No - Primary Care/Specialty Care Physician/other Professional Provider
***Practicing Specialty:**	
Please select the category or categories that best describe(s) your practice:** ***See page 2 for category descriptions	☐ Solo Physician ☐ Solo Health Care Professional ☐ Medical Group ☐ Health Care Professional Group ☐ Hospital or Facility Based Provider(s)
***Provider Name:**	
***TAX ID #:**	
***Type 1 NPI Number**	
Group Name:	
Type 2 NPI Number	
Is provider indicated above being added to an existing Group Contract/Agreement?	☐ Yes ☐No
Is this request for a new contract/agreement?	☐ Yes ☐No
If mid-level provider, list supervising or sponsoring physician's name (*if applicable*):	
List Admitting Hospital Privileges (*if applicable*):	
Name to be listed on agreement (*if different from above*):	

Continued on next page

In the event we have questions regarding this request, who do we contact?	
***Contact Name:**	
***Contact Phone Number:**	Ex: ###-###-####
***Contact E-mail Address:**	
Contact Fax Number:	Ex: ###-###-####
***City & State Where Contact Is Located:**	
Comments or additional information you would like to provide:	

	Posted 08/2010	

Return this form to:
Blue Cross and Blue Shield of New Mexico
Attn: Network Services Department
P.O. Box 27630
Albuquerque, NM 87125-7630

Fax: (505) 816-2688
or 1-866-290-7718

Category Descriptions

Type	Description
Solo Physician	Physician is a Primary Care Physician or a Specialty Care Physician – MDs & DOs
Solo Health Care Professional	Includes: Acupuncturist Advanced Practice Nurse Anesthetist Audiologist Certified Nurse Midwife Certified Nurse Practitioner Certified Registered Nurse Chiropractor Clinical Nurse Specialist DDS – Oral Surgeon Occupational Therapist Optometrist Physical Therapist Physician Assistant Podiatrist

	Registered Dietician Registered Nurse First Assistant Speech and Language Pathologist Surgical Assistant Other professional service providers
Medical Group	Medical Group is a Primary Care Physician Group, a Specialty Care Physician Group, or a Primary and Specialty Care Physician Group
Health Care Professional Group	Includes, but not limited to, the following: Acupuncturist Advanced Practice Nurse Anesthetist Audiologist Certified Nurse Midwife Certified Nurse Practitioner Certified Registered Nurse Chiropractor Clinical Nurse Specialist DDS – Oral Surgeon Occupational Therapist Optometrist Physical Therapist Physician Assistant Podiatrist Registered Dietician Registered Nurse First Assistant Speech and Language Pathologist Surgical Assistant Other professional service providers
Facility Based Provider	Eligible specialties include, but are not limited to, Anesthesia, Emergency Medicine, Radiology, Pathology, Neonatology and Hospitalist who practice ***exclusively*** in a facility, either in a hospital and/or outpatient surgical center.