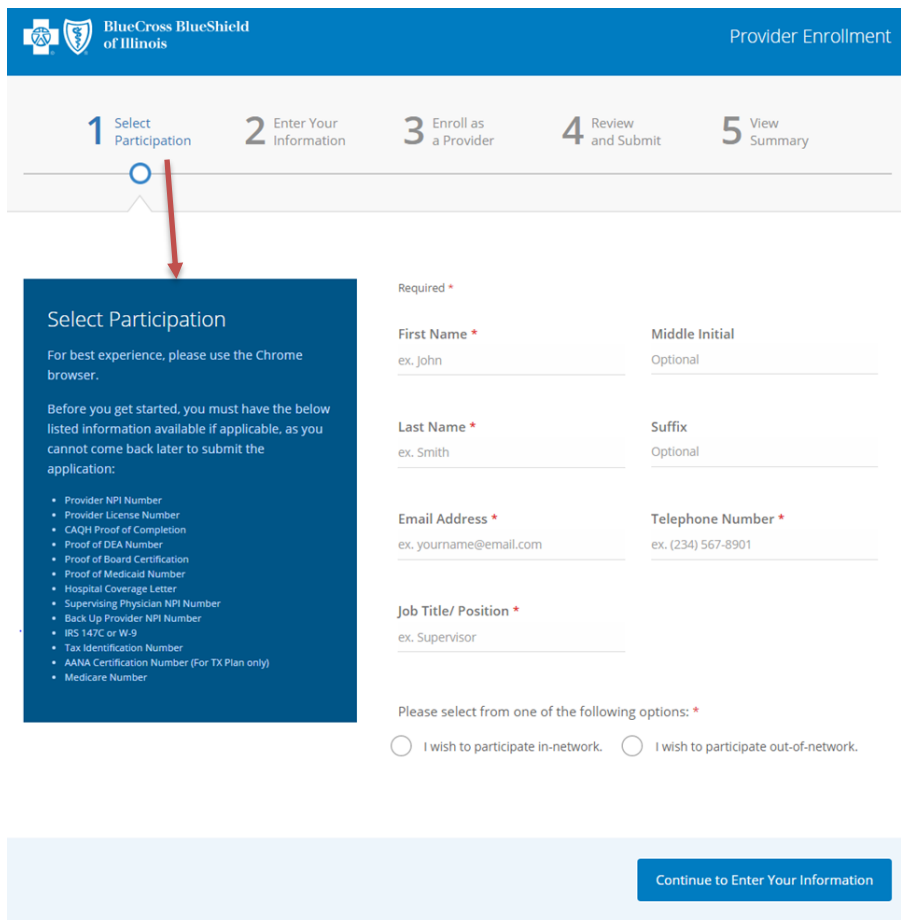


Tips to Help You Navigate Our Provider Onboarding Form

Blue Cross and Blue Shield of Illinois (BCBSIL) welcomes you to apply to join our provider networks. We want to help make the application process as efficient and quick as possible. Our new Provider Onboarding Form is designed to help streamline the application process and possibly expedite the response time.

Here are some tips to help you when you are using the online form:

1. Use Google Chrome™
2. On the first step – Select Participation – be certain to have all information listed in the blue box on the left of the screen available before getting started. The other fields, on the right side of the screen, should be the contact information of the person completing the form on behalf of the provider (office manager, biller, etc.).



BlueCross BlueShield of Illinois Provider Enrollment

1 Select Participation 2 Enter Your Information 3 Enroll as a Provider 4 Review and Submit 5 View Summary

Select Participation

For best experience, please use the Chrome browser.

Before you get started, you must have the below listed information available if applicable, as you cannot come back later to submit the application:

- Provider NPI Number
- Provider License Number
- CAQH Proof of Completion
- Proof of DEA Number
- Proof of Board Certification
- Proof of Medicaid Number
- Hospital Coverage Letter
- Supervising Physician NPI Number
- Back Up Provider NPI Number
- IRS 147C or W-9
- Tax Identification Number
- AANA Certification Number (For TX Plan only)
- Medicare Number

Required *

First Name * Middle Initial
ex. John Optional

Last Name * Suffix
ex. Smith Optional

Email Address * Telephone Number *
ex. yourname@email.com ex. (234) 567-8901

Job Title/ Position *
ex. Supervisor

Please select from one of the following options: *

I wish to participate in-network. I wish to participate out-of-network.

[Continue to Enter Your Information](#)

3. Know your billing (Type 2 organizational) National Provider Identifier (NPI) as listed in the NPI Registry.

4. If you are a New Group or an Existing Group adding additional providers on step two – Enter Your Information – pay special attention to the “Provider Roster Instructions” box on the right side of the screen. Be sure to download and complete **only** the roster provided by BCBSIL.

BlueCross BlueShield of Illinois Provider Enrollment

1 Select Participation 2 Enter Your Information 3 Enroll as a Provider 4 Review and Submit 5 View Summary

Enter Your Information
Be as accurate as possible to enter your information and we'll determine if you're eligible to enroll as a provider.

Required *

Complete the form for: *

Individual Provider
 Add New Group/ Clinic
 Add Providers to an Existing Contracted Group/ Clinic

Existing Group Practice Name *
Smith & Smith #1 Specialists

Existing Group Type 2 NPI (Organization) *
ex. 1234567890

Existing Group Tax Identification Number (TIN)/ Employer Identification Number (EIN) *
ex. 1234567890

Provider Roster Instructions

Please complete the Provider Roster and upload in the Attachments section (Optional for New Group/Clinic and Required for Existing Group/Clinic). Download and fill out the template now, or at a later date. Enrollment is pending upon submitting a completed roster. If uploading a completed roster at a later date, choose "Add Providers to an Existing Group/Clinic" to upload in the Attachments section.

[Download Provider Roster template](#)

5. **You must submit the roster as an Excel file.** If the appropriate roster is not used your information will be rejected. You must complete all the data elements on the roster. See the Standardized Template Grid (second tab of roster Excel sheet) as an example.

Questions? Email netops_provider_update@bcbsil.com.