



Blue Cross and Blue Shield of Illinois CREDENTIALING APPLICATION COVER DOCUMENT

1. Contracted Networks (Please indicate which product(s) you are applying for):

- HMOI BlueAdvantage HMO BlueChoice Select (POS)

2. Application for (Please check):

- PCP (Primary Care Physician)**
 Internal Medicine Pediatrics Family Practice OBG CNM
- PSP (Participating Specialist Physician)** Dual Specialty (Both PCP and PSP)

Practicing Specialty

3. Please complete the following:

Contracting Name:

Medical Group #:

***National Provider Identifier (NPI):**

SSN/Tax ID:

**Note: You must submit a copy of the letter from the ENUMERATOR verifying NPI assignment.*

4. Contact Name & Telephone Number for questions about the completion of this application:

*Blue Cross and Blue Shield of Illinois
Credentialing Department, 23rd Floor
300 E. Randolph Street
Chicago, Illinois 60601
(312) 653-2775 (TEL)
(312) 938-3178 (FAX)*