

NPI Provider Notification Form

Register your National Provider Identifier (NPI) with BlueCross BlueShield of South Carolina 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.** Fax all materials to Provider Certification at 803-264-4795. This is an automated fax routed to a secure electronic inbox.

If you have any questions, please e-mail us at [Provider.Cert @bcbsc.com](mailto:Provider.Cert@bcbsc.com).

(Please type or print)

Provider's Full Name: (facility, PA group name; or individual's last name, first name, middle initial) <input type="text"/>		
Check One: <input type="checkbox"/> Facility <input type="checkbox"/> PA Group <input type="checkbox"/> Physician <input type="checkbox"/> All Other Providers		
Check One: <input type="checkbox"/> Type I - Individual Number <input type="checkbox"/> Type II - Organizational Number		
NPI 10-digit number assigned by Enumerator: <input type="text"/>		
BlueCross Provider Number(s) Linked to this NPI (please include Social Security number and/or TIN with suffix, if applicable): <input type="text"/>		
Street Address: <input type="text"/> <input type="text"/>		County: <input type="text"/>
City: <input type="text"/>	State: <input type="text"/>	ZIP Code: <input type="text"/>
Contact Name/Title: <input type="text"/>		
E-mail Address: <input type="text"/>		
Telephone Number: <input type="text"/>		