



**FAX OR MAIL COVER SHEET
TO BCN ONLY**

IMPORTANT: Attach this page to the top of your documents to avoid processing delays.

Fax To: 877-281-0316 BCN Provider Contracting Operations

From:

Date:

Mail to: Blue Care Network
P.O. Box 5043
Southfield, MI 48086-5043
Attn: C300

Form Number: _____ N/A

Type 1 NPI: _____

Type 2 NPI: _____

Tax Identification Number: _____

State License Number: _____

PCP Status Change Y/N: _____

BCN MCG AFFILIATION FORM

BCBSM Use Only	Type 1 NPI	Type 2 NPI
Tax Identification Number	State License Number	PCP Status Change Y/N

The following types of changes require additional documentation hqt BCN"QP N[. Please complete this form, ***including signature requirement on the next page***, and fax it directly to BCN at **877-281-0316**.

- PCP changing to upecialist
- Specialist ehanging to PCP
- Existing BCN upecialist adding MCG cffiliation
- New/gxisting BCN PCP selecting or changing MCG cffiliation
- Existing BCN upecialist ending MCG cffiliation

CHANGES TO BCN NETWORKS AND MCG AFFILIATIONS

Please see signature requirement on next page

Changing from PCP to upecialist

- Do you r gthqto home visits? Yes No
- Are you a hospitalist (defined as a physician/professional who practices 100% of the time in a hospital setting)? Yes No
- Do you have a private practice location outside of hospitals? Yes No

Changing from upecialist to PCP

***** (Uelect appropriate specialty and please see the MCG Endorsement section below)

- Internal Medicine
- Family Practice
- Pediatrics
- Internal Medicine/Pediatrics
 - Are you a PCP that is assigned patients? Yes No (PCP Float)

Specialist adding MCG cffiliation

***** (Please see the following MCG Endorsement section)

New/gxisting BCN PCP selecting or changing MCG cffiliation

***** (Please see the following MCG Endorsement section)

