Blue Cross and Blue Shield of New Mexico

P.O. Box 27630
ATTN: Network Services
Albuquerque, NM 87125-7630
Fax: (505) 816-2688 or 1-866-290-7718

Request to Establish or Revise a Non-Contracted Provider Record

Please check one:	
☐ **Establishing a new provider record** **Please complete the entire form.**	☐ **Revising an existing provider record** Please provide your name, any information that you wish to change, and your signature.

***NOTE*: If this is a group practice, please complete a separate form for each individual.**

Provider Name (Title/Degree): _____

Social Security #: _____ Date of Birth: _____

Federal Tax ID # (TIN or EIN): _____ (If TIN change, effective date of new TIN)_____

*Type 1 Individual NPI (National Provider Identifier) #: _____

Business or Group Name: _____ Type 2 NPI# _____

***Effective date of joining group**: _____

Your license indicates you are certified as: _____

License #: _____ State: _____

Primary Specialty: _____

Secondary Specialty: _____

Physical Address: _____

City, State, Zip: _____ *Effective Date: _____

Phone: _____ Fax: _____

Note: Please attach a separate sheet for any additional locations.

Mailing Address:

Business or Group Name: _____

Street Name: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Billing Address:

Business or Group Name: _____ Type 2 NPI #: _____

Street Name: _____

City, State, Zip: _____

Phone: _____ Fax: _____

*Make Payment Payable to: _____

*Federal Tax ID # _____ *IRS Legal Entity Name: _____

Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) must be reported exactly as recorded with the IRS. Please complete and return the IRS 147C letter with this questionnaire.

Signature of person completing this form	Date	Phone No.

***REQUIRED FIELDS**