

Please complete all sections of the Non-Participating Forms in their entirety, documents cannot be saved. Approximate length of time to complete is 5 minutes. Forms submitted with incomplete and/or missing information will delay the processing of your request.

- Adding a Non-Par Provider**
- Adding a New Practice for a Non-Par Provider**
- Non-Par Change Request Form**

1. Non-Participating Provider Application:

Complete **each** section of the form with indication *Not Applicable (N/A)* where appropriate. Please include an explanation in the Comment Section describing the changes you are requesting.

2. Clinic Authorization Form:

Complete the Clinic Authorization Form. Provide a list of additional locations the provider will be affiliated with if under the same TIN/EIN. Complete a new form for additional TIN/EIN the provider will be affiliated with.

3. New Clinic Application Form:

Complete the New Clinic Application if billing with a Type 2 NPI that is not already on file with Arkansas Blue Cross and Blue Shield.

4. Change Request Form:

Complete the Change Request Form for any demographic change requested for a non-participating provider.

5. Attach photocopies of the following:

- ✓ IRS Form W-9 with the practice information.

Any questions may be directed to DentalProviderRelations@usablelife.com. You will receive a letter confirming your effective date.

***These Forms are for providers that are currently Non Participating with Arkansas Blue Cross and Blue Shield.**