

Medicare Opt-In Notification

Blue Cross and Blue Shield of Minnesota

Please complete this form when a practitioner opts back into Medicare.

If you have any questions, contact Provider Services at (651) 662-5200 or 1-800-262-0820.

Practitioner Information

First Name:	
Last Name:	

Practitioner NPI:	
--------------------------	--

Date to Opt back in	
----------------------------	--

Person Completing Form:

--

Email Address:

--

Phone Number:

--

Fax to: 651-662-6684 or

Mail to: BCBSMN PDO R316

P. O Box 64560

Saint Paul, MN 55164-0560