Non-Participating Setup Request Form

BlueCross BlueShield Minnesota

Please include a current W-9 with this form. *You will be notified once the setup is complete.*
This form is not to be used by contracted providers who are looking to become non-participating.

**Fields in red below denotes required information.*

Request type: ☐ **Non-participating setup request**

☐ **Adding an additional location to an existing non-participating group**

Provider specialty:

Will claims be submitted in a professional (837P) or institutional/facility (837I) format?

Legal name:

Doing business as (DBA):

Business registered as: ☐ **FEIN** ☐ **SSN** **FEIN/SSN number:** **Tax exempt:**

Location 1

Effective date: **NPI or UMPI:**

Physical address:	**Mailing address:**	**Pay-to address:**
Street:	Street:	Street:
City: St:	City: St:	City: St:
Zip: Phone:	Zip:	Zip: Phone:

****Mailing addresses must be included if the physical addresses do not accept mail.***

Location 2

Effective date: **NPI or UMPI:**

Physical address:	**Mailing address:**	**Pay-to address:**
Street:	Street:	Street:
City:	City: St.	City: St:
Zip: Phone:	Zip:	Zip: Phone:

If the second location has a different DBA name from above, enter it below:

If this business entity has ever been contracted with BCBSMN under any other NPI or Tax ID, enter them here:

NPI: **Tax ID:**

Person completing form: **Email:** **Phone:**

Complete and save this form, then email to: provider.data@bluecrossmn.com

Or mail to: Provider Data Operations PO BOX 982809 EL PASO TX 79998-2809

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