



IN-STATE, OUT-OF-NETWORK CHECKLIST

Submit all required documentation to Provider.Blue.Enroll@bcssc.com. Each checklist item is hyperlinked with forms or examples for your reference.

Checklist Items — Individual Enrollment

[Health Professional Application¹](#)

[Authorization to Bill](#)

Checklist Items — Group/Practice Enrollment

[Group Application](#)

[IRS Verification of Tax ID \(No W-9s\)²](#)

[Electronic Funds Transfer Enrollment](#)

¹Needed for each affiliate being linked to the practice.

²Only needed if the provider is registering a brand-new tax ID number.

