

# Facility Data Sheet

INSTRUCTIONS		
Please complete all sections of this form. Submit form to: CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc., Institutional Contracting, Mailstop CG-51, 10455 Mill Run Circle, Owings Mills, MD 21117, or email: Institutional.Credentialing@carefirst.com.		
LEGAL NAME OF PROVIDER (PLEASE PROVIDE DBA, IF APPLICABLE):		
The legal name is the name under which tax information is filed and checks are payable to the dba name. Please print legibly.		
Please indicate your specialty		
Medicare Identification Number		
PROVIDER DIRECTORY INFORMATION		
Name as it should appear in CareFirst directory (50 spaces maximum)		
Directory Street Address		
City	State	Zip (plus four)
Patient Appointment Telephone #		
TAX MAILING INFORMATION (1099 FORMS)		
Tax Mailing Street Address		
City	State	Zip (plus four)
Tax Telephone #		
MAILING INFORMATION		
Mailing Street Address		
City	State	Zip (plus four)
Mailing Contact Person Name	Telephone #	
PAYEE/BILLING INFORMATION		
Payee Street Address		
City	State	Zip (plus four)
Payee Contact Person Name	Telephone #	
Federal Tax ID #	NPI #	
Billing Format	UB04	CMS1500
TO BE COMPLETED BY CAREFIRST		
Billing Format	UB04	CMS1500
Add to what networks?	RPN BlueChoice PAR	HPN BlueSelect Medicare Advantage Medicaid
Contract Effective Date	Requested Specialty	
Rate Sheet Code(s)—		
RPN Code: (041)	PAR: (048)	BlueSelect: (C01)
BlueChoice Code: (027, DME is 029, MH/SA is 074)	Medicare Adv HMO: (A01)	Medicaid

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