NPI Submission Form for Dental Providers



INSTRUCTIONS							
Please complete all fields for individual national provider identifier (NPI) and/or organizational NPI in order for CareFirst BlueCross BlueShield and CareFirst BlueChoice to include your NPI information in our provider files. Please complete the office contact information section should we have questions or need to contact you. The data provided on this form is required for efficient claims processing and access to CareFirst Direct , our self-service portal.			 Return the completed form to: Mail: CareFirst BlueCross BlueShield Dental Contracting—Mailstop RRS-130 10455 Mill Run Circle Owings Mills, MD 21117 Fax: 410-720-5080 Email: dentalcontracting@carefirst.com 				
OFFICE CONTACT INFORMATION							
Office Primary Street Address		Contact Name					
City			State	Zip	County		
Contact Telephone	Contact Fax		Contact Email				
ORGANIZATIONAL NPI							
Organization Name			Organizational NPI				
Primary Specialty			Tax ID#				
Primary Office Address							
City			State	Zip	County		
INDIVIDUAL NPI							
Practitioner Last Name Practitioner F			First Name M.I.			M.I.	
Primary Specialty							
Social Security #			Date of Birth				
Individual NPI							

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