

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 First Name	M.I.
Primary Specialty		
Social Security #	Date of Birth	
Individual NPI		