

CareFirst BlueCross BlueShield
 Dental Provider Credentialing & Contracting
 10455 Mill Run Circle, Mailstop CT06-24
 Owings Mills, MD 21117
 Telephone: 443-921-0676
 FAX: 410-720-5080
 E-Mail: dentalcontracting@carefirst.com



Dental Billing Authorization Form

Please complete form if you are a new dental practice or changing a Tax Identification Number. A separate form is required for each office to assure that payments are made under the correct tax/EIN/social security number.

<hr style="width: 50%; margin: 0 auto;"/> (W-9 Legal Name/Payee Name)	
<hr style="width: 90%; margin: 0 auto;"/> (W-9 Tax Identification Number)	<hr style="width: 90%; margin: 0 auto;"/> (Payee Address)
<hr style="width: 90%; margin: 0 auto;"/> (Provider Name - printed)	<hr style="width: 90%; margin: 0 auto;"/> (Provider Signature)
<hr style="width: 90%; margin: 0 auto;"/> (Address for 1099 mailing if different)	<hr style="width: 90%; margin: 0 auto;"/> (Date)

If you are new to CareFirst or are applying for a new network, please indicate for which of the following networks you would like to be considered:

DENTAL:

- Dental Participating Provider Network
- Dental Preferred Provider Network
- Dental HMO Network

MEDICAL:

If you are applying for a medical network, this information will be forwarded for processing, however, additional documentation may be required.

- Participating Indemnity Network (PAR)
- Preferred Provider Network (PPN or SPP)
- Maryland Point of Service Network (General/Family Practitioners, Internists, Pediatricians Only)
- CareFirst BlueChoice HMO Network (Behavioral Health and Substance Abuse practitioners: do not select BlueChoice; you must contact Magellan Behavioral Health at 1-800-788-4005 option 3.)

 (Name of individual completing this form)

 (Date)

 (Telephone Number) / (FAX Number)

 (E-Mail Address)