

New Clinic/Group Application

Arkansas Blue Cross and Blue Shield • Health Advantage • USABLE Corporation

Type of Clinic Services: Primary Care Specialty Care Emergency Services

Name of Clinic/Group _____

Signage name displayed to patients (if different from above) _____

Effective Date _____ Clinic/Group EIN _____
(Attach IRS verification of EIN)

Clinic/Group NPI# _____

• Street Address of Clinic/Group _____
_____ County _____

Phone # for Patient Appointments _____

Clinic/Group Fax # _____

Contact Person _____ Contact Phone # _____

Office hours at this location-

Open/Close Open/Close Open/Close Open/Close Open/Close Open/Close Open/Close
Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

Web URL _____

• Correspondence Address of Clinic/Group _____
(If different than above)
_____ County _____

Correspondence Phone # _____

Clinic/Group Fax # _____

Contact Person _____ Contact Phone # _____

• Payment Address of Clinic/Group _____
(If different than above)
_____ County _____

Payment Phone # _____

Clinic/Group Fax # _____

Contact Person _____ Contact Phone # _____

_____ Title _____	
Print Name and Title of Authorized Facility Representative	
Signature _____	Date _____
NO STAMPS OR DIGITAL SIGNATURES	

Additional Locations

❖ Location Name _____
Address _____
Phone _____ Fax _____

Office hours at this location-

Open/Close Open/Close Open/Close Open/Close Open/Close Open/Close Open/Close
Mon. _____ Tues. _____ Wed _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

❖ Location Name _____
Address _____
Phone _____ Fax _____

Office hours at this location-

Open/Close Open/Close Open/Close Open/Close Open/Close Open/Close Open/Close
Mon. _____ Tues. _____ Wed _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

❖ Location Name _____
Address _____
Phone _____ Fax _____

Office hours at this location-

Open/Close Open/Close Open/Close Open/Close Open/Close Open/Close Open/Close
Mon. _____ Tues. _____ Wed _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

❖ Location Name _____
Address _____
Phone _____ Fax _____

Office hours at this location-

Open/Close Open/Close Open/Close Open/Close Open/Close Open/Close Open/Close
Mon. _____ Tues. _____ Wed _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

❖ Location Name _____
Address _____
Phone _____ Fax _____

Office hours at this location-

Open/Close Open/Close Open/Close Open/Close Open/Close Open/Close Open/Close
Mon. _____ Tues. _____ Wed _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

* This form may be copied for any additional locations