

## I. INSTRUCTIONS

This form should be **typed or legibly printed in black ink.**

Indian Health Practitioners are defined as:

*Providers practicing at a recognized tribal health facility that meets our contracting criteria and is billing under that facility's tax identification number.*

**Current copies of the following documents must be submitted with this form as applicable:**

- Professional License(s)
- DEA Certificate

Send the Completed Form w/Attachments to:

**Asuris Northwest Health  
Provider Network Management  
PO Box 21267 M/S 916  
Seattle WA 98111-3267**

Or Fax the Completed Form w/Attachments to:

**Regence BlueShield  
Provider Network Management  
(888) 289-1313**

If you have any questions contact Regence BlueShield Provider Services at 1-800-562-2156.

## II. INDIAN HEALTH PRACTITIONER INFORMATION

Last Name: (include suffix; Jr., Sr., III)	First:	Middle:	Degree(s):
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Clinic Name and Address	
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Street Address where services will be provided:	City/State/Zip
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Billing Address (if different from above):	Effective Date:	Tax Identification Number:
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Telephone Number: ( )	Billing Phone Number: ( )	Date of Birth
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<input type="checkbox"/> Male <input type="checkbox"/> Female	UPIN Number:	Citizenship:
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**NPI:**  
*If you are a Type 2 provider as defined by CMS, please contact your provider relations representative to report your NPI to Regence.*

<b>MD/DO's Only:</b> Medical School Attended:	Year graduated from medical school:
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Specialty/Sub specialties:	Board Certification Status:
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Do you practice at any other location(s)? If Yes, list the address and Tax Identification number:	Do you have an existing <b>Individual</b> or <b>Clinical</b> contract with Regence BlueShield (please circle one)?
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Social Security Number:	Practitioner Signature
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For Internal Use only \_\_\_\_\_