

Adding a new network

Please complete all sections of the Network Contract in its entirety, document cannot be saved. Approximate length of time to complete is 5 minutes. Forms submitted with incomplete and/or missing information will delay the processing of your request.

Adding a new network

1. Participating Provider Agreement:

Participation in the **Arkansas Blue Cross PPP network is required**. You may also participate in any additional networks.

Adding ArkansasBlue Medicare

Adding PPO

2. Attach photocopies of the following:

- ✓ Network Selection Addendum
- ✓ Network Contract

Please make your request to join additional networks to DentalProviderRelations@usablelife.com. You will receive a letter confirming your effective date.

***This form is for providers that are currently credentialed with Arkansas Blue Cross and Blue Shield.**

Abbreviated provider application

The supporting documentation will serve as a request to make changes to your existing Arkansas Blue Cross and Blue Shield contract or initiate a new contract. **Please note, participation in Arkansas Blue Cross and Blue Shield PPP is required to participate. You may request participation in additional Networks by selecting the applicable block(s) from the following list:**

- Arkansas Blue Cross and Blue Shield PPP
- Arkansas Blue Cross and Blue Shield PPO
- ArkansasBlue Medicare

Provider signature				Date signed				
Adding location		Adding network		Changing TIN		Adding associate		
Provider first name			Middle initial		Last name			
Provider NPI Type-1				NPI Type-2				
Provider Specialty:		General	Endo	Perio	Pedo	Prosth	Oral surg	Ortho
Office name				Contact name				
Office street address			City			State	ZIP	
Primary phone number		Fax		Email address				
Languages spoken				Website				
Office Hours								
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
TDD			Accessible by public transportation			Handicap accessible		
Technology used				Tax Identification Number (W-9 required for verification)				

Comments

Return completed form to:

Arkansas Blue Cross and Blue Shield
 ATTN: Dental Provider Relations
 PO Box 1650
 Little Rock, AR 72203
 or
Fax: 501-208-8302
Email: dentalproviderrelations@usablelife.com