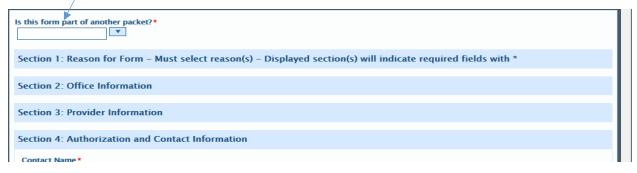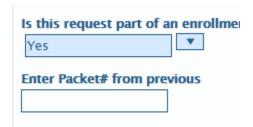## Job Aid for Completing and Submitting Enrollment Forms
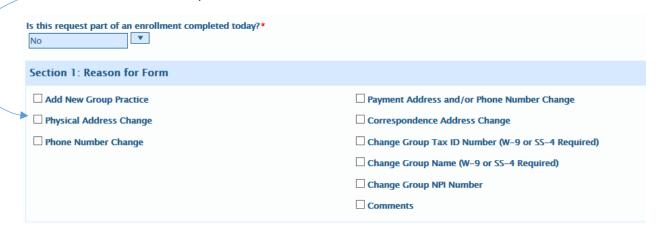
- Is this form part of an enrollment completed today?

Is this form part of another packet? *

| Section 1: Reason for Form – Must select reason(s) – Displayed section(s) will indicate required fields with * |
| Section 2: Office Information |
| Section 3: Provider Information |
| Section 4: Authorization and Contact Information |
| Contact Name * |

✓ Always select "NO" unless you have already completed either a group enrollment form (GPECF) or a provider enrollment form (PECF) that should be submitted together and worked as one enrollment request. If this is a second form created as part of an enrollment request that should be submitted together select "YES". If you choose yes the box will expand and indicate "enter packet # from previous". The packet # will be taken from a previous enrollment that you had submitted and answered "yes" to "are you filling out multiple forms", in section 3. Enter that packet # in the field below.

Is this request part of an enrollme

Yes

Enter Packet# from previous

- Section 1 - Choose action requested
  ✓ Multiple actions can also be chosen

Is this request part of an enrollment completed today? *

No

Section 1: Reason for Form

☐ Add New Group Practice   ☐ Payment Address and/or Phone Number Change

☐ Physical Address Change   ☐ Correspondence Address Change

☐ Phone Number Change   ☐ Change Group Tax ID Number (W–9 or SS–4 Required)

                                    ☐ Change Group Name (W–9 or SS–4 Required)

                                    ☐ Change Group NPI Number

                                    ☐ Comments

BlueCross BlueShield of Vermont
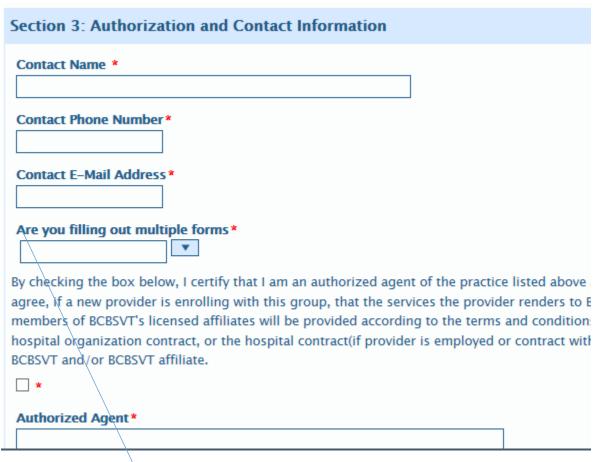An Independent Licensee of the Blue Cross and Blue Shield Association.

Section 2: Office Information

- Section 2 –
  - ✓ When you select the action in Section 1 the required fields will display in Section 2. All fields with a red * are required
  - ✓ You can also attach additional paperwork. Click on the appropriate field after the document(s) have been saved and upload to the enrollment request.
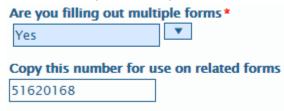
Additional Paperwork

Contracts	Additional Paperwork
Attach Contracts...	Attach Additional Paperwork...

- Section 3

Section 3: Authorization and Contact Information

Contact Name *

Contact Phone Number *

Contact E–Mail Address *

Are you filling out multiple forms *

By checking the box below, I certify that I am an authorized agent of the practice listed above
agree, if a new provider is enrolling with this group, that the services the provider renders to E
members of BCBSVT's licensed affiliates will be provided according to the terms and condition:
hospital organization contract, or the hospital contract(if provider is employed or contract with
BCBSVT and/or BCBSVT affiliate.

☐ *

Authorized Agent *

✓ Complete all sections
✓ Are you filling out multiple forms
  - Click "YES" only if you are completing multiple forms that should be submitted together. Example: adding a new group NPI, group enrollment needed as well as a provider enrollment for each provider to be added to the new group NPI. Once you choose "yes" the form will display a field titled "copy this number for use on related forms". This number will be used on subsequent forms you create that will be submitted together.

    Are you filling out multiple forms *
    Yes

    Copy this number for use on related forms
    51620168

Saving an enrollment (PECF) prior to submitting

- Click Print button
- Select CUTEPDF or TIFF
- Save to drive

Once document is submitted an email will be generated to the email address listed on the Provider enrollment change form or group enrollment change form containing the following:

- Provider name
- Provider NPI
- Packet ID