

Practice Questionnaire

Complete this form to be considered for participation in our provider network(s).

Please attach the following:

- list of all practice locations
- list of the names and titles of the principal officers of the organization
- list of all health care practitioners and their professional status
- list of the services or types of service you provide your patients or patrons (superbill)

General Information

Name of Practice			
Service Specialty			
Is the organization incorporated? Yes No		If Yes, in which state?	
What is the Employer Identification Number of the organization? (include all numbers and hyphens)			
Is any part of your practice hospital affiliated or based? Yes No		If yes, please indicate the hospital and for what types of services:	
The reimbursement to the professional members of the organization is based on (please designate): Salary Percentage of Income Fee for Service			
The services of the organization offered on the basis of (please designate): Fee for Service Pre-Paid Other			
Is the organization funded by the city, state or federal monies? Yes No		If yes, please indicate the source of the funding and the purpose for which it is to be used (ex. Patient Care, Administration, Teaching, etc.):	
Is the organization funded by any other outside group, corporation or agency? Yes No		If yes, please identify group, corporation or agency:	

Mailing Address (to receive claim forms, publications and other correspondence)

Street Address		Office Telephone Number	
City	State	County	Zip Code

Payment Address, if different from above (to receive reimbursement checks)

Street Address		Office Telephone Number	
City	State	County	Zip Code

Street Address		Office Telephone Number	
City	State	County	Zip Code

Authorized Signature

Name (please print)		Signature	
Title	Telephone Number	Date	

Return the completed form to:

CareFirst BlueCross BlueShield/CareFirst BlueChoice, Inc.,
Provider Information and Credentialing, Mailstop CG-41
10455 Mill Run Circle, P.O. Box 825, Owings Mills, MD 21117