

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:

**Asuris Northwest Health
Provider Network Management
(888) 289-1313**

If you have any questions contact Asuris Northwest Health Provider Services 1-800-245-6024.

II. INDIAN HEALTH PRACTITIONER INFORMATION

Last Name: (include suffix; Jr., Sr., III)	First:	Middle:	Degree(s):
Clinic Name and Address			
Street Address where services will be provided:		City/State/Zip	
Billing Address (if different from above):		Effective Date:	Tax Identification Number:
Telephone Number: ()	Billing Phone Number: ()	Date of Birth	
<input type="checkbox"/> Male <input type="checkbox"/> Female	UPIN Number:	Citizenship:	
NPI: <i>If you are a Type 2 provider as defined by CMS, please contact your provider relations representative to report your NPI to Regence.</i>			
MD/DO's Only: Medical School Attended:		Year graduated from medical school:	
Specialty/Sub specialties:		Board Certification Status:	
Do you practice at any other location(s)? If Yes, list the address and Tax Identification number:		Do you have an existing Individual or Clinical contract with Regence BlueShield (please circle one)?	
Social Security Number:		Practitioner Signature	

For Internal Use only _____