BlueCross BlueShield
of Montana

Provider List

Provide a list of all providers in your group. Credentialing packets will be mailed to each provider to complete, as applicable. For each provider in the group, please provide the following information:

Provider Name	Provider NPI	Currently Enrolled in:
______________________	______________________	Medicare ☐ MT Medicaid ☐ Other State's Medicaid or CHIP ☐
______________________	______________________	Medicare ☐ MT Medicaid ☐ Other State's Medicaid or CHIP ☐
______________________	______________________	Medicare ☐ MT Medicaid ☐ Other State's Medicaid or CHIP ☐
______________________	______________________	Medicare ☐ MT Medicaid ☐ Other State's Medicaid or CHIP ☐
______________________	______________________	Medicare ☐ MT Medicaid ☐ Other State's Medicaid or CHIP ☐
______________________	______________________	Medicare ☐ MT Medicaid ☐ Other State's Medicaid or CHIP ☐
______________________	______________________	Medicare ☐ MT Medicaid ☐ Other State's Medicaid or CHIP ☐
______________________	______________________	Medicare ☐ MT Medicaid ☐ Other State's Medicaid or CHIP ☐
______________________	______________________	Medicare ☐ MT Medicaid ☐ Other State's Medicaid or CHIP ☐
______________________	______________________	Medicare ☐ MT Medicaid ☐ Other State's Medicaid or CHIP ☐
______________________	______________________	Medicare ☐ MT Medicaid ☐ Other State's Medicaid or CHIP ☐
______________________	______________________	Medicare ☐ MT Medicaid ☐ Other State's Medicaid or CHIP ☐
______________________	______________________	Medicare ☐ MT Medicaid ☐ Other State's Medicaid or CHIP ☐