



Use this form to give Blue Cross and Blue Shield of Louisiana (BCBSL) the most current information on your pharmacy. Please type or print legibly in black ink. If you need more space, attach additional sheets and reference the question(s) being answered.

GENERAL INFORMATION

Provider's Name		
Office Hours	Email	
Name of Individual Completing This Form	Phone Number	Fax Number
TIN #	NABP#	

BILLING ADDRESS

Billing Address	
City, State and Zip Code	Phone Number
Fax Number	E-mail Address

CORRESPONDENCE ADDRESS

Correspondence Address	
City, State and Zip Code	Phone Number
Fax Number	E-mail Address

PHYSICAL ADDRESS

Physical Address	
City, State and Zip Code	Phone Number
Fax Number	E-mail Address

ORGANIZATION SPECIALTY

<input type="checkbox"/> Chain Pharmacy	<input type="checkbox"/> Independent Pharmacy	<input type="checkbox"/> Hospital Pharmacy	<input type="checkbox"/> Clinic Pharmacy
<input type="checkbox"/> Department Store Pharmacy	<input type="checkbox"/> Grocery Store Pharmacy	<input type="checkbox"/> Specialty Pharmacy (BCBSLA approval only)	<input type="checkbox"/> Other _____

Please submit copies of the following with this form:

- Department of Health and Hospitals Pharmacy License
- Copy of EIN Letter

COMMENTS

Please return this form to:



Attn: Network Operations
Blue Cross and Blue Shield of Louisiana
P.O. Box 98029
Baton Rouge, LA 70898-9029



225-297-2750 (fax)

If you have any questions about this form, please call Network Operations at:



1-800-716-2299, Option 3
225-297-2758 (Baton Rouge Area)