

Dear **Ancillary** Provider,

Welcome to the Ancillary Provider Credentialing and Contracting process!

If you do not already have a Facility/Provider Record ID established with Blue Cross and Blue Shield of Texas (BCBSTX) that matches your billing information (Billing NPI and Tax Identification Number (TIN)), you must complete the [Ancillary Provider Record Request Form](#) first, located under the **Provider Onboarding Process** on our [How to Join /Network Participation](#) page, to set up your BCBSTX Provider Record ID.

Obtaining a BCBSTX Facility/Provider Record ID does not automatically activate the Blue Choice PPO<sup>SM</sup>, Blue Essentials<sup>SM</sup>, Blue Advantage HMO<sup>SM</sup>, Blue Premier<sup>SM</sup>, MyBlue Health<sup>SM</sup>, Blue Cross Medicare Advantage (HMO)<sup>SM</sup>, Blue Cross Medicare Advantage (PPO)<sup>SM</sup> and/or Medicaid (STAR), CHIP and STAR Kids networks.

Claims will be processed out-of-network until the provider has been approved and activated in the network. If you wish to be a contracted provider, you will need to complete the **Credentialing/Recredentialing Ancillary/Hospital Provider Questionnaire** located under the **Credentialing and Contracting Process for Ancillary Providers** section of the [How to Join/Network Participation](#) page and include the licensing, liability insurance, accreditation and additional information requirements included below.



***Please return the following documents along with your signed the  
Credentialing/Recredentialing Ancillary/Hospital Provider Questionnaire:***

**License:** **Current** copy of license from the State Committee of Examiners for Fitting and Dispensing of Hearing Instruments or State Board of Examiners Certification of Audiology

**Insurance:** **Current** Certificate of Insurance with Professional or General Liability including :

- Policy Number
- Effective and Termination Dates
- Liability Coverage of **\$100,000 per Occurrence** and **\$300,000 Aggregate**.

**Accreditation:** **NOT REQUIRED**

**NPI Confirmation:** Official Document confirming your current NPI

**W9:** Submit W9 Form

**Please submit above required documents along with completed  
Credentialing/Recredentialing Ancillary/Hospital Provider Questionnaire  
within 30 days to:**

**Email: [AncillaryContracting\\_SCT@BCBSTX.com](mailto:AncillaryContracting_SCT@BCBSTX.com)**