



Individual Practitioner Information Change Form (ICF-01)

The data provided on this form or an additional form with equivalent data is used by Blue Shield of California (Blue Shield) and/or Blue Shield of California Promise Health Plan (Blue Shield Promise) to add, change, or remove information on an established individual practitioner record. Blue Shield and/or Blue Shield Promise will confirm that the request has been processed.

Instructions

Identify the practitioner requiring changes by populating the practitioner name, tax identification number (TIN), and national provider identifier (NPI) fields. Complete all applicable fields that require changes. Attach all required documentation, as outlined below, and return this form to Blue Shield and/or Blue Shield Promise via email at BSCProviderinfo@blueshieldca.com. This form may be completed electronically.

Required Documentation

This request will not be initiated until all the required documentation, as indicated below, is received by Blue Shield and/or Blue Shield Promise. Failure to provide the required documentation will result in no action being taken.

- For changes to your corporation or business structure: Submit the Articles of Incorporation.
- For changes to your EIN or TIN: Submit a signed W-9 or Department of Treasury/Internal Revenue Service (IRS) tax document.
- For all other changes to your information, no supporting documentation is required.

Additional Information

This form is only used to update existing individual practitioner records. To create a new practitioner record, please complete the *Practitioner Record Application (form RA-01)*. This form is not an agreement to participate in the Blue Shield and/or Blue Shield Promise provider network. For information about joining either network, contact Provider Information and Enrollment via email at BSCProviderinfo@blueshieldca.com.

In accordance with regulatory requirements, Blue Shield and Blue Shield Promise reports and publishes a maximum number of in-person locations for practitioners as follows:

Primary Care Physicians

One practitioner may not be listed as a primary care physician (PCP) in more than six (6) in-person service location addresses across the entire network. This requirement applies even if the practitioner is listed as a PCP on rosters for multiple, separately contracted IPA/medical groups. The aggregated total for providing in-person services as a PCP must not exceed six (6) service locations in the Blue Shield and/or Blue Shield Promise provider directories.

Physician Specialists

One physician specialist may not be listed as a specialist in more than ten (10) in-person service location addresses across the entire network. This requirement applies even if the practitioner is listed as a specialist on rosters for multiple, separately contracted IPA/medical groups. The aggregated total for providing in-person services as a specialist must not exceed ten (10) service locations in the Blue Shield and/or Blue Shield Promise provider directories.

The above limitation requirements only apply to in-person service locations for each PCP or specialist practitioner. No limits apply to locations where only telehealth or virtual care services are provided. If the practitioner provides both telehealth and in-person services to Blue Shield and/or Blue Shield Promise members at the location, it will be counted as an in-person service location.

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By submitting this form, the applicant certifies that all information included on this form is true, accurate and complete. Any false statements, concealment of material fact, or use of false documents may lead to prosecution under applicable federal or state laws. Applicant certifies under penalty of perjury that the foregoing is true and correct. **Instructions:** To ADD information, check the ADD box and use the NEW column. To CHANGE information, check the CHANGE box and use the EXISTING and NEW columns. To REMOVE information, check the REMOVE box and use the EXISTING column.

Identify the practitioner for whom the changes are required. *indicates required field

Licensed practitioners name:*											
TIN:*						NPI:*					
Add	Change	Remove	Information	Existing				New			
			Practitioner license name								
			Primary specialty/type of service								
			Secondary specialty								
			Practitioner language(s)								
			TIN (attach pre-printed tax document or W-9)								
			NPI								
			License number								
			Hospital affiliation								
			Service location address (see page 1 for special instructions)								
			Individual practice email								
			Appointment phone number								
			Fax number								
			Office days and/or hours	Mon	Tues	Wed	Thu	Mon	Tue	Wed	Thu
				Fri	Sat	Sun		Fri	Sat	Sun	
			After hours phone number								
			Wheelchair access	Yes No				Yes No			
			Patient Acceptance	Gender limitation: None		Male only Female only		Gender limitation: None		Male only Female only	
				Current patients only				Current patients only			
				New and existing patients				New and existing patients			
				Lowest age	Highest age			Lowest age	Highest age		
			Patient visit options (select all that apply)	Telehealth in-person				Telehealth in-person			
			Hospital-based practitioner	Yes No				Yes No			
			Supervising physician (if applicable)	Name:				Name:			
				NPI:				NPI:			
			Practitioner ethnicity								
			Area(s) of special expertise (check all that apply)	Physical disability				Physical disability			
				HIV/AIDS				HIV/AIDS			
				Chronic illness				Chronic illness			
				Homelessness				Homelessness			
				Blindness/Visually impaired				Blindness/Visually impaired			
				Co-occurring disorders				Co-occurring disorders			
				Deafness/hard of hearing				Deafness/hard of hearing			
			Children's Health Insurance Program (CHIP)	CHIP targeted low income children				CHIP targeted low income children			
				CHIP Medi-Cal Access Program				CHIP Medi-Cal Access Program			
			Billing address								
			Billing phone number								
			Billing fax number								