



of Tennessee

1 Cameron Hill Circle
Chattanooga, Tennessee 37402
bcbst.com

Facility Admitting Practitioner Form

(complete one form per practitioner)

Practitioner Name applying for credentials verification (Print)

Specialty applying for

Facility Admitting Physician Name (Print)

I, _____ admit patients for the above practitioner.

Facility where admitting practitioner will admit patients? _____
Name of Facility(ies) (Print)

The above information is correct. If this information changes, it is the responsibility of the above practitioner to inform BlueCross BlueShield of Tennessee, Inc., Credential Department.

Admitting Physician Signature/ Date

Applicant Signature/ Date

Note: Please return this form with your Provider Enrollment Form.