

Professional Provider Associated Professional Listing

This Associated Professional Listing is hereby attached to and made a part of the Professional Provider Agreement (“Agreement”) between BlueCross BlueShield of Tennessee (“BCBST”) and the physician group practice Professional Provider named below.

By signing below, each Associated Professional listed authorizes the Professional Provider to act on behalf of the Associated Professional with regard to participation in the Networks in which Professional Provider participates under the Agreement.

PROFESSIONAL PROVIDER (GROUP PRACTICE) NAME: _____ TAX ID #: _____

LAST NAME	FIRST & MI	DEGREE	SPECIALTY	SSN	NPI#	EMPLOYED (E) OR INDEPENDENT CONTRACTOR (I)	SIGNATURE (INDEPENDENT CONTRACTORS ONLY)

Additional Associated Professionals may be added to this document without the need for an amendment to the Agreement. To include all Associated Professionals, multiple copies of this document may be attached to the Agreement and will not supersede each other.