# FACILITY SPECIALTY FORM

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

Please complete, save, and attach this form to your eApply facility application.
*We are unable to process your request without this information.*

## FACILITY INFORMATION

| | | |
|---|---|---|
| Facility's Legal Name – as on file with the AZ Corporation Commission | | Entity ID # (AZ Corp. Commission) |
| Facility's DBA (Doing Business As) Name – if different from above | | Facility NPI (for the primary service location) |
| Tax ID | | Date when facility started billing with this tax ID<br>/ / |
| Facility's Primary Address (where services are performed) | | Suite |
| City | State | ZIP Code |
| Is this a change in location? ☐ Yes ☐ No | If yes, when did the location change? / / | |
| If yes, what is the address of previous location to be deleted from the AZ Blue database? | | |
| Phone (main contact number) | Fax | |
| Contact Person (for this form) | Email Address | |

## FACILITY SPECIALTY

Check all that apply to your facility (taxonomy codes are in brackets).

**Ambulance**

- ☐ Air Transport [3416A0800X]
- ☐ Ambulance, Ground [341600000X]

**DME / Prosthetics / Orthotics / Prosthodontics** (Send copy of your current product list with this form.)

- ☐ DME & Medical Supplies [332B00000X]
  - ☐ Customized Equipment [332BC3200X]
  - ☐ Dialysis Equipment & Supplies [332BD1200X]
  - ☐ Nursing Facility Supplies [332BN1400X]
  - ☐ Oxygen Equipment & Supplies [332BX2000X]
  - ☐ Parenteral & Enteral Nutrition [332BP3500X]
- ☐ Prosthetic/Orthotic Supplier [335E00000X]
  - Do you supply cochlear implants? ☐ Yes ☐ No
  - Do you supply other prosthetics? ☐ Yes ☐ No
- ☐ Prosthodontics, Dental [1223P0700X]

**Hearing Aid Equipment and Cochlear Implants**

- ☐ Hearing Aid Equipment [332S00000X]
- ☐ Cochlear Implants

**Home Care**

- ☐ Home Health [251E00000X]
- ☐ Home Infusion [251F00000X] (Send a copy of license with this form.)
  - ☐ Valid pharmacy license (Required)
  - ☐ In-home nursing services are offered (Required)

**Hospice**

- ☐ Hospice Care, Community-Based [251G00000X]
- ☐ Hospice, Inpatient [315D00000X]

**Imaging / Radiology**

- ☐ Diagnostic Ultrasound [2085U0001X]
- ☐ Magnetic Resonance Imaging (MRI) [261QM1200X]
- ☐ Mammography [261QR0206X]
- ☐ Mobile Mammography [261QR0207X]
- ☐ Portable X-ray and/or Other Portable Diagnostic Imaging Supplier [335V00000X]
- ☐ Radiology [261QR0200X] (Send a copy of current accreditation with this form.)
  - ☐ CT
  - ☐ MRI
  - ☐ PET Centers
  - ☐ Nuclear Medicine

**Inpatient (Hospital, Residential Care)**

- ☐ General Acute Care Hospital [282N00000X]
- ☐ Long-Term Care Hospital [282E00000X]
- ☐ Psychiatric Hospital [283Q00000X]
- ☐ Psychiatric Residential Treatment Facility [323P00000X]
  - ☐ Detox
  - ☐ Eating Disorder
  - ☐ Residential – Adult
  - ☐ Residential – Child/Adolescent

  Do you prescribe methadone and/or buprenorphine? ☐ Yes ☐ No (If yes, send a copy of SAMHSA certification with this form.)
- ☐ Rehabilitation Hospital [283X00000X]
- ☐ Skilled Nursing Facility [314000000X]

  Does your facility offer vent and/or trach services? ☐ Yes ☐ No

  Does your facility offer dialysis services? ☐ Yes ☐ No
- ☐ Substance Abuse Rehabilitation Facility [324500000X]

  Do you prescribe methadone and/or buprenorphine? ☐ Yes ☐ No (If yes, send a copy of SAMHSA certification with this form.)
- ☐ Substance Abuse Rehabilitation Facility, Child/Adolescent [3245S0500X]

  Do you prescribe methadone and/or buprenorphine? ☐ Yes ☐ No (If yes, send a copy of SAMHSA certification with this form.)

**Lab**

- ☐ Clinical Medical Laboratory [291U00000X] (Send a copy of your CLIA accreditation with this form.)

  Do you offer genetic testing? ☐Yes ☐No

## Outpatient Clinic/Center

- ☐ Adult Day Care [261QA0600X]
- ☐ Ambulatory Surgical Center [261QA1903X]
  - ☐ Cardiac Cath Lab [261QM1300X]
- ☐ Birthing Center [61QB0400X]
- ☐ Cardiac Rehabilitation [261QR0404X]
- ☐ Diabetic Education and Training Services
- ☐ Dialysis (clinic for end-stage renal disease) [261QE0700X]
- ☐ Federally Qualified Health Center (FQHC) [261QF0400X]
- ☐ Infusion Center [261QI0500] (Send a copy of license with this form.)
  - ☐ Valid pharmacy license (Required)
  - ☐ In-home nursing services are offered (Required)
- ☐ Mental Health, Adolescent and Children [261QM0855X]
  - Do you offer eating disorder services? ☐ Yes ☐ No
  - Do you prescribe methadone and/or buprenorphine? ☐ Yes ☐ No (If yes, send a copy of SAMHSA certification with this form.)
- ☐ Mental Health, Adult [261QM0850X]
  - Do you offer eating disorder services? ☐ Yes ☐ No
  - Do you prescribe methadone and/or buprenorphine? ☐ Yes ☐ No (If yes, send a copy of SAMHSA certification with this form.)
- ☐ Mental Health Clinic (including Mental Health Community Center) [261QM0801X]
  - Do you offer eating disorder services? ☐ Yes ☐ No
  - Do you prescribe methadone and/or buprenorphine? ☐ Yes ☐ No (If yes, send copy of SAMHSA certification with this form.)
- ☐ Methadone Treatment [261QM2800X]
- ☐ Occupational Medicine [261QX0100X]
- ☐ Oncology, Radiation Center [261QX0203X]
- ☐ Pain Management Clinic [261QP3300X]
- ☐ Rural Health Clinic [261QR1300X]
- ☐ Sleep Disorder Diagnostic Clinic [261QS1200X]
- ☐ Substance Use Disorder, Rehabilitation [261QR0405X]
- ☐ Urgent Care [261QU0200X]

## Pharmacy

- ☐ Pharmacy, Specialty Pharmacy [3336S0011X]
  - ☐ Valid pharmacy license
  - ☐ Able to ship to patient's home

## Physical Therapy & Rehabilitation (PT/ST/OT)

*Note: For PT/ST/OT facility (or group) contracts, all of your providers must be credentialed or have an individual credentialing request in process with AZ Blue.*

- ☐ Occupational Therapy [225X00000X]
- ☐ Physical Therapy [261QP2000X]
- ☐ Speech and Hearing Therapy [261QH0700X]

## Other

| Specialty: | Taxonomy Code: |
|---|---|

## Additional Notes/Comments

## Supporting Documentation (Attach a copy of applicable documents required for your specialty, as indicated in the above list.)

- ☐ ACR Accreditation
- ☐ ADA Accreditation
- ☐ CLIA Accreditation
- ☐ Current DME/ Medical Supply Product List
- ☐ Pharmacy License
- ☐ SAMHSA Certification

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