



PROVIDER LOGIN ASSIGNMENT

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Provider/Facility Information

Provider FName & LName/Facility Name

Provider License/Tax ID

User Email

Organization URL

National Provider identifier (NPI)

- PCP
- Specialist
- Hospital/Ancillary
- IPA/Medical Group

Clinic Email

Do you authorize Blue Shield Promise to display email address?

[Illegible text]

- Yes
- No

Provider Site/Facility Information

Street Address

Phone Number

City, State, Zip

Fax number

Authorized Staff/Provider Name (Print)

Title

Signature

Blue Shield Promise Use Only

<p>_____ Username</p>	<p>_____ Password</p>
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