

# Anthem Blue Cross and Blue Shield Provider Nomination Form



If your physician is not currently part of Anthem Blue Cross and Blue Shield's (Anthem) network of doctors, and you would like your physician to be considered for the network, please follow the four steps indicated below:

1. Complete the form and email it to [contractintake@anthem.com](mailto:contractintake@anthem.com).
2. After initial prescreening, the physician may be sent an application for network participation.
3. The application process is not immediately following receipt of your physician's information. Acceptance into the Anthem network is contingent upon successful completion of our credentialing process and provider acceptance of our contracts.\*
4. If you have any questions regarding the status of the application, please contact your physician directly.

\*Members may nominate providers for participation in the network by submitting this nomination form to Anthem.

Nomination does not guarantee the provider will be added to the Anthem network.

## Referring member information

Last name	First name
Email address	Phone no.
Employer name	

## Provider information

Last name	First name		
Is he/she a Primary Care Physician?    Yes    No			
Primary specialty	Secondary specialty		
Practice or group name			
Street address	City	State	ZIP code
County	Phone no.	Fax no.	

Email the completed form to [contractintake@anthem.com](mailto:contractintake@anthem.com).