

Nonprofit corporations and independent licensees  
of the Blue Cross and Blue Shield Association

- Physician Organization (complete sections 1, 2, 5 and 6)
- Organized System of Care (complete sections 1, 2, 5 and 6)
- Risk Bearing Contracted Entity (complete sections 2, 3, and 6)
- Medical Care Group (complete sections 2, 4, and 6)

No handwritten forms are accepted, complete electronically.

**Note:** If adding a contact to both a PO and OSC, you must add the contact to both the PO and OSC separately in the PGIP PA tool. If adding PGIP access AND RBCE/MCG, please add contact through PGIP PA first prior to faxing MCG/RBCE information in section 2, 3, 4 and 6.  
If adding just collaboration site access for RBCE contact, please submit this form through the RBCE issue log, and complete Section 2, 3 and 6 below. If adding HEB access for a PO or OSC, additionally complete Section 5 below.

**Section 1**

Physician Organization or Organized System of Care Name			
Street Address and Suite Number (address where users are located)			Primary contact person
City	State	ZIP Code	Primary contact person's telephone and extension
Tax ID			Contact Person's company issued Email address

**Section 2**

Type the name(s), phone number(s), and if applicable the assigned Provider Portal Access ID(s) of the individual(s) requiring access. All individuals using Provider Portal Access must be included below to receive their own user Provider Portal Access ID. ID(s) may not be shared among the office staff.  
Note: If no Access ID exists, please leave the "Current Provider Portal Access ID" space blank. If user has had prior Access ID, please include it in the column.

Name (type in full legal name for each user)	Email Address of individual	User's telephone # and extension	Current Provider Portal Access ID	PO	OSC	HEB	RBCE		MCG	
							Select One*	Select One*	Select One*	Select One*
John Doe	<a href="mailto:jdoe@xyz.com">jdoe@xyz.com</a>	111-222-3333	F000000				R	RW	R	RW

\*R = Read Only    \*RW = Read & Write Access    If additional space is needed, attach an additional page.

**Section 3**

Risk Bearing Contracted Entity Name			Contact Person
Street Address and Suite Number			Contact Person's Phone Number and Extension
City	State	ZIP Code	Contact Person's company issued email address
RBCE ID			

Is access to the RBCE Self Service Tool Needed?    Yes    No

Note: Access to the RBCE Collaboration site will automatically be granted to all contacts in a RBCE when this form is completed

Section 4				
Medical Care Group Name			Contact Person	
Street Address and Suite Number			Contact Person's Phone Number and Extension	
City	State	ZIP Code	Contact Person's company issued email address	
MCG ID				
Is access to the MCG Self Service Tool Needed?      Yes      No				
Note: There is currently no MCG Collaboration site				
Section 5				
<b>For Health e-Blue access, fill out the section below.</b> <b>Please note - Requesting Health e-Blue will add additional processing time.</b>				
BCN HMO and/or BCBSM Physicians		For individual providers, enter Michigan state license number(s)		
_____		_____		
BCN Physician Organization	Enter the BCN IH Code(s)			
_____	_____			
BCBSM Physician Organization Name/Identifier(s):				
_____				
Note: HEB access can only be requested with this application for Physician Organizations and Organized Systems of Care				
Section 6 Mandatory				
Authorization for use & access, I hereby state the information provided on this application is correct.				
_____			_____	
Provider authorized signature ( <b>Handwritten Only</b> )			Date	
Do Not Use a Signature Stamp on the Line Above or Application will be Rejected				
_____			_____	
Type or print name of the authorized signer			Signer's Title	
By signing above, I represent that I am a Provider or the Authorized Representative and warrant that I have been granted full legal authority by corporate resolution, appropriate delegated signature authority, or as permitted by a signature policy, to enter into and bind the provider and/or group to contracts and agreements and intending to be legally bound have executed this agreement on the date above.				
<ol style="list-style-type: none"> <li>1. I understand that by signing above I have the designated authority to request and maintain minimum necessary web access and am responsible for complying with all terms and conditions contained within the <a href="https://www.bcbsm.com/content/dam/public/Providers/Documents/help/faqs/use-and-protection-agreement-professional-facility.pdf">Provider Secured Services Use and Protection Agreement (https://www.bcbsm.com/content/dam/public/Providers/Documents/help/faqs/use-and-protection-agreement-professional-facility.pdf)</a></li> <li>2. I agree to use the data obtained only in the manner specified by Blue Cross Blue Shield of Michigan (BCBSM) applicable agreements.</li> <li>3. I agree to certify any data obtained or submitted shall be for services performed by or under direct supervision of the Provider named above.</li> <li>4. I agree to assure the information obtained or transmitted shall be confidential and used only for the purpose of transacting BCBSM business.</li> </ol>				
Instructions for Submitting Application				
If access is for a <b>PO or OSC</b> , after completing the application listing the user's names, do the following:				
<ol style="list-style-type: none"> <li>1. Scan the application and save it.</li> <li>2. PGIP Primary contact must sign into the PGIP PA tool and add the contact(s) under "Edit OSC" or "Edit PO" wizard.</li> <li>3. Primary contact must attach the PDF application by clicking the add document in the transaction.</li> <li>4. Once the transaction has been completed it will take a few days for our security team to process the application.</li> </ol>				
Note: If you have issues adding the contact(s) through the PGIP PA tool, please enter a new issue under the " <b>Add or Drop user access to the PGIP Collaboration site</b> " in the Issue log found on our external Share Point collaboration site.				
If access is for a <b>RBCE or MCG</b> , after completing the application do the following:				
<ol style="list-style-type: none"> <li>1. Fax the completed application to 1-800-495-0812</li> </ol>				
© Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross Blue Shield Association.				