



# PROVIDER FORMS ORDER

<i>For Office Use Only</i>	
Cost Center	_____
Activity Code	_____

Wellmark Blue Cross Blue Shield of Iowa  
Wellmark Health Plan of Iowa, Inc.

Independent Licensees of the Blue Cross and Blue Shield Association

Please print your NPI, name, complete address (no post office boxes), and phone number. If you want your order sent to a different address than indicated, enclose a mailing label.

National Provider Identifier (NPI): \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

<b>Mail or E-mail this Forms Order to:</b>
Wellmark Blue Cross and Blue Shield of Iowa
PO Box 9232
Des Moines, IA 50306-9232
warehouselogistics@wellmark.com

**Wellmark Participating Materials** *(Indicate the quantity desired on lines provided.)*

\_\_\_\_\_ Participating Tent Card for Counter Top (B-5012, B-5014) - *NPI Required (top of form) to order tent card*

**Wellmark Provider Directories** *(Indicate quantity desired.)*

- \_\_\_\_\_ M-50312 Classic Blue
- \_\_\_\_\_ S-5003 Alliance Select
- \_\_\_\_\_ S-8010 Blue Access/Blue Advantage/Blue Choice
- \_\_\_\_\_ S-5031 *hawk-i*

For immediate access to Wellmark's Provider Directories, log on to <b>Wellmark.com</b> and click on <b>Find a Doctor or Hospital</b> .
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**Wellmark Blue Cross and Blue Shield of Iowa** *(Indicate the quantity desired on lines provided. Forms also available at www.wellmark.com, Providers, Forms.)*

- \_\_\_\_\_ B-0002 Provider Forms Order (100\*)
- \_\_\_\_\_ B-5403 Provider Inquiry (500\*)
- \_\_\_\_\_ B-5021 Everything You Need to Know about Wellmark Identification Cards
- \_\_\_\_\_ P-2316 Cognitive Rehabilitation Treatment Plan (500\*)
- \_\_\_\_\_ P-4602 Prior Approval (100\*)

**Wellmark Health Plan of Iowa** *(Indicate the quantity desired on lines provided.)*

- \_\_\_\_\_ M-8721 Referral Forms (100 sheets/pad)

**Provider Guides** *(Indicate the quantity desired on lines provided.)*

- \_\_\_\_\_ S-5780 Wellmark Provider Guide (general information for all providers)
- \_\_\_\_\_ S-5781 Guide to Billing Facility Services (for Hospitals, hospital-based Ambulance, HHAs, SNFs, Hospice, ASCs, FSAFs)
- \_\_\_\_\_ S-5782 Practitioner Guide (for Primary Care Providers, Specialists, Independent Ambulance Companies)
- \_\_\_\_\_ S-5784 Behavioral Health Guide
- \_\_\_\_\_ S-5785 HME, Orthotics, & Prostheses Guide
- \_\_\_\_\_ S-5787 Anesthesiology Guide
- \_\_\_\_\_ S-5788 Eye Care Guide
- \_\_\_\_\_ S-5789 Podiatry Guide
- \_\_\_\_\_ S-5790 Physical Medicine Guide
- \_\_\_\_\_ S-5799 Home Infusion Therapy Guide

For immediate access to Wellmark's Provider Guides, log on to <b>Wellmark.com</b> and select <b>Providers Guides</b> .
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**If there are other forms you use that are not listed, give the quantity, form number, and form title below.**

Quantity	Form #	Form Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

*These and other forms are available for online submission and/or printing at Wellmark.com > Providers > Forms.*

\* *Minimum order quantity*

## Forms Ordering Tips and Information

To avoid delay and to ensure that the supply of forms you receive is what you want, please review these guidelines.

**Use** this Forms Order (B-0002) to order forms for Wellmark Blue Cross and Blue Shield of Iowa.

**Indicate** quantity desired. A check mark could mean 5 or 500. Please order no more than a six-month supply of any form. If a minimum order quantity is noted, request at least the minimum order quantity or print the desired amount from the electronic document at [Wellmark.com](http://Wellmark.com) > Providers > Forms.

**Mail or email** this form to Wellmark Blue Cross and Blue Shield of Iowa, PO Box 9232, Des Moines, IA 50306-9232.  
[warehouselogistics@wellmark.com](mailto:warehouselogistics@wellmark.com)

**Verify** that the provider name, street address (**no post office boxes**), and NPI are on the order blank (not on an attachment). We cannot fill your order without an address.

**Do not** send this to the Claims Department with your claims.