



An Independent Licensee of the Blue Cross and Blue Shield Association

PROVIDER FORMS ORDER

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

Please print your NPI, name, address (including city, state and zip), and phone number. *If you want your order sent to a different address than indicated, enclose a mailing label.*

National Provider Identifies (NPI): _____

Business Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

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

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

_____ Participating Tent Card for Counter Top (B-5018, B-5022) - *NPI Required (top of form) to order tent card*

Wellmark Provider Directories (*Indicate quantity desired.*)

_____ M-3028 Blue Select

_____ M-3029 Classic Blue

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

_____ B-3001 Provider Forms Order (100*)

_____ B-3402 Provider Inquiry (500*)

_____ C-5364 Wellmark Outpatient Treatment Report (100*)

_____ N-3614 Prior Approval

_____ P-13231 Physical Medicine Treatment Plan (100*)

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

<p>For immediate access to Wellmark's Provider Guides, log on to Wellmark.com and select the Provider tab, then click on Guides.</p>
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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-3001) to order forms for Wellmark Blue Cross and Blue Shield of South Dakota.

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 > Providers > Forms.

Mail or e-mail this form to Wellmark Blue Cross and Blue Shield, PO Box 9232 Des Moines, IA 50306-9232. warehouselogistics@wellmark.com

Verify that the provider name, complete street address, and NPI are on the order blank (not on an attachment). We cannot fill your order without an address.

Do not sent this order to the Claims Department with your claims.