



NDC Fee Schedule Request Form

Blue Cross and Blue Shield of Oklahoma (BCBSOK) requires the use of National Drug Codes (NDCs) and related information when drugs are billed on professional/ancillary electronic (ANSI 837P) and paper (CMS-1500) claims. Allowances are not a guarantee of payment.

The NDC Fee Schedule is a key component of your contractual relationship with BCBSOK.

BCBSOK Participating Providers accept the responsibility of verifying the identity, eligibility and coverage of the patient or Member prior to rendering services.

Participating Provider Name					
Rendering NPI (if applicable)			Billing NPI (if applicable)		
Tax ID					
Address where services are rendered	City	State	Zip	County	
Telephone Number				Date	
Email Address					
Would you like to receive the monthly BCBSOK Provider BlueReview publication at this email address?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Unless otherwise indicated, the most current NDC Fee Schedule will be sent.

For additional versions, please indicate the Month(s) and Year(s) of the NDC Fee Schedules being requested in the box below.

Month(s)/Year(s)	<i>Example: Dec 2013, March 2014</i>
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By way of signature and in accordance with the BCBSOK Participating Provider Agreement, Provider agrees to an obligation of Confidentiality, including but not limited to the Maximum Reimbursement Allowance. Provider acknowledges an Agreement has been entered into with BCBSOK, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Authorized Signature	
Name of Signatory:	
Title of Signatory:	
Date Signed:	

Email: OKNetworkManagement@bcbsok.com or fax (918) 549-2141