



Fee Schedule Request Form

The fee schedule is a key component of your contractual relationship with Blue Cross and Blue Shield of Oklahoma (BCBSOK). The fee schedule is a listing of accepted charges or established allowances for specified procedure codes. Allowances are not a guarantee of payment.

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				

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