

BCW BIBS ENROLLMENT FORM

CFO Agency (Payee)/Independent Provider/District Registration

A completed form is required to enroll in the Babies Can't Wait program as a service provider or service coordinator, or to change current enrollment information. If you are enrolled in BCW, please provide the information currently on file. After completion of all enrollment forms, please keep a copy for your records, and send the forms to the EIC.

☐ Agency (Payee) ☐ Independent Provider ☐ District

PAYEE INFORMATION – PLEASE PRINT

Current Federal Tax ID Number: _____ Current Payee/Agency/Business Name: _____

☐ **New Payee/Agency/Business Name** (please complete information in this section)
☐ **Change Information** (if this is a change only include updated information)

Federal Tax ID Number: _____ Payee/Agency/Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

PROVIDER INFORMATION – PLEASE PRINT

Current Provider Name: _____

☐ **Add New Provider** (please complete information in this section)
☐ **Deactivate Provider** (last work date) _____
☐ **Change Provider Information** (if this is a change only include information that applies)

☐ Name ☐ Address ☐ Phone ☐ Fax ☐ Email ☐ Add District ☐ Delete District ☐ Add Specialty ☐ Delete Specialty

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Email Address: _____ Provider NPI# _____

Phone Number: _____ EXT: _____ Fax Number: _____

Gender: _____ Race/Ethnicity: _____

District(s) to be removed: _____

DISTRICT INFORMATION

Please select the District(s) where services will be provided

<input type="checkbox"/>	1-1 Rome (Northwest Heath District)	<input type="checkbox"/>	5-1 Dublin (South Central Health District)
<input type="checkbox"/>	1-2 Dalton (North Georgia Health District)	<input type="checkbox"/>	5-2 Macon (North Central Health District)
<input type="checkbox"/>	2 Gainesville (North Health District)	<input type="checkbox"/>	6 Augusta (East Central Health District)
<input type="checkbox"/>	3-1 Cobb/Douglas (Cobb/Douglas Health District)	<input type="checkbox"/>	7 Columbus (West Central Health District)
<input type="checkbox"/>	3-2 Fulton (Fulton Health District)	<input type="checkbox"/>	8-1 Valdosta (South Health District)
<input type="checkbox"/>	3-3 Clayton (Clayton County Health District)	<input type="checkbox"/>	8-2 Albany (Southwest Health District)
<input type="checkbox"/>	3-4 East Metro (East Metro Health District)	<input type="checkbox"/>	9-1 Coastal (Coastal Health District)
<input type="checkbox"/>	3-5 DeKalb (DeKalb Health District)	<input type="checkbox"/>	9-2 Waycross (Southeast Health District)
<input type="checkbox"/>	4 LaGrange (LaGrange Health District)	<input type="checkbox"/>	10 Athens (Northeast Health District)

Specialty or Specialties to be removed: _____

EARLY INTERVENTION SPECIALTIES

(check all that apply only if new or change)

<input type="checkbox"/> Audiologist	<input type="checkbox"/> Ophthalmologist
<input type="checkbox"/> Board Certified Behavior Analyst (BCBA)	<input type="checkbox"/> Optometrist
<input type="checkbox"/> Board Certified Behavior Analyst-Doctoral (BCBS-D)	<input type="checkbox"/> Physical Therapist
<input type="checkbox"/> Counseling-License Professional	<input type="checkbox"/> Physician
<input type="checkbox"/> Dietitian	<input type="checkbox"/> Physician Assistant
<input type="checkbox"/> Early Intervention Assistant	<input type="checkbox"/> Psychologist - Licensed
<input type="checkbox"/> Early Intervention Specialist	<input type="checkbox"/> Registered Behavior Technician (RBT)
<input type="checkbox"/> Early Interventionist	<input type="checkbox"/> Service Coordinator
<input type="checkbox"/> Intake Coordinator	<input type="checkbox"/> Social Worker – Licensed Clinical
<input type="checkbox"/> Interpreters for the Deaf	<input type="checkbox"/> Speech Language Pathologist (SLP) – Clinical Fellow
<input type="checkbox"/> Nurse – Registered (RN)	<input type="checkbox"/> Speech Language Pathologist (SLP)
<input type="checkbox"/> Nurse – Licensed Nurse Practitioner (LNP)	<input type="checkbox"/> Translator: Non-Spanish Foreign Language
<input type="checkbox"/> Nurse – Licensed Practical (LPN)	<input type="checkbox"/> Translator: Spanish Language
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Vision Teacher

IN – NETWORK PRIVATE INSURANCE INFORMATION

Provide information for any of the private insurance carriers listed where you are an In-Network Provider. If an In-Network Provider ID is provided, but the Start Date is left blank, then the date this form is received by CFO Provider Enrollment will be used as the Start Date.

Please Note: When submitting updates, if no changes are required for Private Insurance information, leave the following table blank.

Carrier Name	In-Network Provider ID	Start Date	End Date
Aetna		/ /	/ /
Blue Cross Blue Shield (BCBS)		/ /	/ /
Cigna		/ /	/ /
Tri-Care		/ /	/ /
United Health Care (UHC)		/ /	/ /

MEDICAID/CMO INFORMATION

Provide information for any of the Medicaid types where you are a Medicaid enrolled provider. If a Medicaid ID is provided, but the Start Date is left blank, then the date this form is received by CFO Provider will be used as the Start Date.

Please Note: When submitting updates, if no changes are required for Medicaid or CMO information, leave the following table blank.

Provide information for all which apply:

		Care Management Organization (CMO) - Amerigroup			Start Date	End Date
Medicaid ID	Traditional Medicaid	Amerigroup CMO	PeachCare for Kids - Amerigroup	Amerigroup 360 Foster Care		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /

Provide information for all which apply:

		Care Management Organization (CMO) – Care Source		Care Management Organization (CMO) Peach State		Start Date	End Date
Medicaid ID		CareSource CMO	Peach Care for Kids – CareSource	Peach State CMO	PeachCare for Kids – Peach State		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /

Agency Signature: _____ Date: _____

Provider Signature: _____ Date: _____

District Signature: _____ Date: _____

District Contact Name (please print) _____ Phone Number: _____

Services cannot be provided until the provider's name is listed in BIBS. The enrollment effective date is determined by DPH Provider Relations. By signing the Provider Information Form, the provider agrees to be enrolled in the Babies Can't Wait Program.