

Coordinated Services Program (CSP) Provider Change Form



ND

NOTE: If you agree with the doctor and pharmacy that you have been given, there is no need to return this form. If you would like to change your doctor or pharmacy, please complete this form and return the completed form by:

- Fax: (701) 277-2209
- Mail: Blue Cross Blue Shield of North Dakota
PO Box 1570
Fargo, ND 58107-1570

Your assigned doctor and pharmacy are the only providers you can use for health care services unless you have an emergency and need to go to the emergency room.

Section A: Member Information		
Last Name	First Name	MI
Member ID Number	Pharmacy ID Number	
Phone	Date of Birth	
Current Assigned Provider Name	Current Assigned Pharmacy Name	

Section B: Provider Information		
I would like to change my provider to:		
Provider Full Name	Provider Phone	
Address		
City	State	ZIP

Section C: Pharmacy Information		
I would like to change my pharmacy to:		
Pharmacy Name	Pharmacy Phone	
Address		
City	State	ZIP

Signature	Date (mm/dd/yyyy)
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NOTE: When enrolled in a CSP, you can only use one doctor and one pharmacy.

The CSP is administered by BCBSND in collaboration with the ND DHS per the requirements of 42 C.F.R. §431.54.