

Medicaid Expansion Coordinated Services Program (CSP) Provider Selection Form



Please complete this form if you would like to select or change your doctor or pharmacy.
Return this form by:

- Mail: BCBSND
ATTN: CSP
PO Box 1570
Fargo, ND 58107-1570
- Fax: 701-277-2209

When enrolled in the CSP, you can only use one doctor to prescribe drugs and one pharmacy to pick up drugs without an approved referral. You can use the emergency room if you have an emergency.

Member Information		
Last Name	First Name	MI
Member ID Number	Pharmacy ID Number	
Phone	Date of Birth	
Address		
City	State	ZIP
Current Assigned Provider Name (if applicable)	Current Assigned Pharmacy Name (if applicable)	

I Would Like My Provider to Be:		
Provider Full Name	Provider Phone	
Address		
City	State	ZIP

I Would Like My Pharmacy to Be:		
Pharmacy Name	Pharmacy Phone	
Address		
City	State	ZIP

Signature	
Signature	Date (mm/dd/yyyy)



In accordance with Medicaid regulations, Blue Cross Blue Shield of North Dakota is required to provide you the following disclosure:

Blue Cross Blue Shield of North Dakota complies with applicable Federal civil rights laws and does not discriminate against any member on the basis of race; ethnicity; color; national origin; disability; sex; gender; gender identity; sexual orientation; religion; religious beliefs; medical condition, including current or past history of a mental health and substance use disorder; sources of payment for care; existence of an Advance Directive or age, in admission, treatment, or participation in its programs, services, and activities.

Blue Cross Blue Shield of North Dakota:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call Member Services at (1-833-777-5779) (toll-free) or through the North Dakota Relay at (1-800-366-6888) or 711.

If you believe that Blue Cross Blue Shield of North Dakota has failed to provide these services or discriminated in another way on the basis of race; ethnicity; color; national origin; disability; sex; gender; gender identity; sexual orientation; religion; religious beliefs; medical condition, including current or past history of a mental health and substance use disorder; sources of payment for care; existence of an Advance Directive or age, in admission, treatment, or participation in its programs, services, and activities, you can file a grievance with:

Civil Rights Coordinator

4510 13th Ave S

Fargo, ND 58121

(701-297-1638) or North Dakota Relay at (800-366-6888) or 711

(701-282-1804) (fax)

CivilRightsCoordinator@bcbsnd.com (email) (Communication by unencrypted email presents a risk.)

You can file a grievance in person or by mail, fax, or email. Grievance forms are available at www.medicaid.bcbsnd.com or by calling (1-833-777-5779). If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201
800-368-1019 or 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Llame al (1-833-777-5779) (TTY: 1-800-366-6888 o 711).

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (1-833-777-5779) (TTY: 1-800-366-6888 oder 711).

中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (1-833-777-5779) (TTY: 1-800-366-6888 或 711)。

Oroomiffa (Oromo)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa (1-833-777-5779) (TTY: 1-800-366-6888 ykn 711).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (1-833-777-5779) (TTY: 1-800-366-6888 hoặc 711).

Ikirundi (Bantu – Kirundi)

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona (1-833-777-5779) (TTY: 1-800-366-6888 canke 711).

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (1-833-777-5779) (رقم هاتف الصم والبكم: 1-800-366-6888 أو 711).

Kiswahili (Swahili)

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu (1-833-777-5779) (TTY: 1-800-366-6888 au 711).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (1-833-777-5779) (телетайп: 1-800-366-6888 или 711).

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。(1-833-777-5779) (TTY: 1-800-366-6888 または 711) まで、お電話にてご連絡ください。

नेपाली (Nepali)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् (1-833-777-5779) (टिडिवाइ: 1-800-366-6888 वा 711) ।

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (1-833-777-5779) (ATS : 1-800-366-6888 ou 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (1-833-777-5779) (TTY: 1-800-366-6888 또는 711)번으로 전화해 주십시오.

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (1-833-777-5779) (TTY: 1-800-366-6888 o 711).

Norsk (Norwegian)

MERK: Hvis du snakker norsk, er gratis språkassistanstjenester tilgjengelige for deg. Ring (1-833-777-5779) (TTY: 1-800-366-6888 eller 711).

Diné Bizaad (Navajo)

Díí baa akó nínízin: Díí saad bee yánílti'go **Diné Bizaad**, saad bee áká'ánída'áwo'déé', t'áá jiiik'eh, éí ná hóló, kojí' hódíílnih (1-833-777-5779) (TTY: 1-800-366-6888 éí doodagó 711.)