



# 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.

**\*NDC Fee Schedules are available to Physicians and Health Care Practitioners via the BCBSOK Secure Provider Portal. [Click here to register.](#)**

<b>Participating Provider Name</b>					
<b>Rendering NPI (if applicable)</b>			<b>Billing NPI (if applicable)</b>		
<b>Tax ID</b>					
<b>Address where services are rendered</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>County</b>	
<b>Telephone Number</b>				<b>Date</b>	
<b>Email Address</b>					
<b>Would you like to receive the monthly BCBSOK Provider BlueReview publication at this email address?</b>	<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.

<b>Authorized Signature</b>	
<b>Name of Signatory:</b>	
<b>Title of Signatory:</b>	
<b>Date Signed:</b>	

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