



**SecureCare**  
**Chiropractor Contract Request Form**  
**Fax: (402) 934-4908**  
**Email: providerservices@securecarecorp.com**  
**Mail to: SecureCare Corp**  
**13215 Birch Drive Ste 200**  
**Omaha, NE 68164**

**Along with your completed Contract Request form, please submit an Individual Practitioner/Provider Addition and Termination Form for every individual practitioner being added. Your effective date of participation will be communicated to you via a counter-signed copy of the contract from SecureCare. If you have any questions, please contact us at (402) 934-4744 or 1-877-462-4476.**

Request Type:  New/Additional Contract Request  Adding an Additional Location

Date:

Legal Name:

Is your business registered under a:

FEIN  SSN FEIN/SSN Number:  Tax Exempt:  CLIA #

Location 1 Effective Date:  NPI/UMPI#:

Doing Business As (DBA):

<b>Physical Address</b>	<b>Mailing Address</b> <small>(only complete if you aren't able to accept mail at your physical location)</small>	<b>Billing Address</b>
Address: <input type="text"/>	Address: <input type="text"/>	Address: <input type="text"/>
City: <input type="text"/> St: <input type="text"/> Zip: <input type="text"/>	City: <input type="text"/> St: <input type="text"/> Zip: <input type="text"/>	City: <input type="text"/> St: <input type="text"/> Zip: <input type="text"/>
Phone #: <input type="text"/>	Phone #: <input type="text"/>	Phone #: <input type="text"/>

Wheel Chair Access

Can you accept mail at this location:

Are you a Medicare certified facility:

Directory suppressed:

Accepting New Patients\*:  (Please notify SecureCare if this changes)

Urgent Care:

\*If there are any practitioners at this location that aren't accepting new patients, please attach additional documentation. (if yes, please complete Urgent Care hours below)

Hospital Affiliation:

Hospital Address:  City:  St:  Zip:

**Business Hours:**

<b>Open (Mon) Close</b> Regular <input type="text"/> <input type="text"/> Urgent Care <input type="text"/> <input type="text"/>	<b>Open (Tue) Close</b> Regular <input type="text"/> <input type="text"/> Urgent Care <input type="text"/> <input type="text"/>	<b>Open (Wed) Close</b> Regular <input type="text"/> <input type="text"/> Urgent Care <input type="text"/> <input type="text"/>	<b>Open (Thur) Close</b> Regular <input type="text"/> <input type="text"/> Urgent Care <input type="text"/> <input type="text"/>
<b>(Fri)</b> Regular <input type="text"/> <input type="text"/> Urgent Care <input type="text"/> <input type="text"/>	<b>(Sat)</b> Regular <input type="text"/> <input type="text"/> Urgent Care <input type="text"/> <input type="text"/>	<b>(Sun)</b> Regular <input type="text"/> <input type="text"/> Urgent Care <input type="text"/> <input type="text"/>	

Has the clinic or facility ever been contracted with Blue Cross before under any NPI/Name or Tax Identification number?

If yes, list NPI or Tax ID #: NPI #:  Tax ID #:

Person Completing Form:

Address to Send Contracting Material:

E-Mail Address:  Phone #:  Fax #:

**The Sender of this Form represents and warrants that he/she is authorized to submit these changes on behalf of the Provider.**  
 To add more physical locations please complete page 2 "Site Location Addendum" for each additional site.

# Site Location Addendum

Date:  Legal Name:  FEIN/SSN Number:

**Location 2** Effective Date:  NPI/UMPI#:

Doing Business As (DBA):

### Physical Address

Address:

City:  St:  Zip:

Phone #:

Wheel Chair Access

Can you accept mail at this location:

Directory suppressed:

Accepting New Patients\*:  (Notify SecureCare if this changes)

\*If there are any practitioners at this location that aren't accepting new patients, please attach additional documentation.

### Mailing Address

(only complete if you aren't able to accept mail at your physical location)

Address:

City:  St:  Zip:

### Billing Address

Address:

City:  St:  Zip:

Phone #:

Are you a Medicare certified facility:

Medicare #:

Urgent Care:

(if yes, please complete Urgent Care hours below)

Hospital Affiliation:

Hospital Address:  City:  St:  Zip:

### Business Hours:

Open (Mon) Close	Open (Tue) Close	Open (Wed) Close	Open (Thur) Close
Regular <input type="text"/> <input type="text"/>	Regular <input type="text"/> <input type="text"/>	Regular <input type="text"/> <input type="text"/>	Regular <input type="text"/> <input type="text"/>
Urgent Care <input type="text"/> <input type="text"/>	Urgent Care <input type="text"/> <input type="text"/>	Urgent Care <input type="text"/> <input type="text"/>	Urgent Care <input type="text"/> <input type="text"/>
(Fri)	(Sat)	(Sun)	
Regular <input type="text"/> <input type="text"/>	Regular <input type="text"/> <input type="text"/>	Regular <input type="text"/> <input type="text"/>	
Urgent Care <input type="text"/> <input type="text"/>	Urgent Care <input type="text"/> <input type="text"/>	Urgent Care <input type="text"/> <input type="text"/>	

**Location 3** Effective Date:  NPI/UMPI#:

Doing Business As (DBA):

### Physical Address

Address:

City:  St:  Zip:

Phone #:

Wheel Chair Access

Can you accept mail at this location:

Directory suppressed:

Accepting New Patients\*:  (Notify SecureCare if this changes)

\*If there are any practitioners at this location that aren't accepting new patients, please attach additional documentation.

### Mailing Address

(only complete if you aren't able to accept mail at your physical location)

Address:

City:  St:  Zip:

### Billing Address

Address:

City:  St:  Zip:

Phone #:

Are you a Medicare certified facility:

Medicare #:

Urgent Care:

(if yes, please complete Urgent Care hours below)

Hospital Affiliation:

Hospital Address:  City:  St:  Zip:

### Business Hours:

Open (Mon) Close	Open (Tue) Close	Open (Wed) Close	Open (Thur) Close
Regular <input type="text"/> <input type="text"/>	Regular <input type="text"/> <input type="text"/>	Regular <input type="text"/> <input type="text"/>	Regular <input type="text"/> <input type="text"/>
Urgent Care <input type="text"/> <input type="text"/>	Urgent Care <input type="text"/> <input type="text"/>	Urgent Care <input type="text"/> <input type="text"/>	Urgent Care <input type="text"/> <input type="text"/>
(Fri)	(Sat)	(Sun)	
Regular <input type="text"/> <input type="text"/>	Regular <input type="text"/> <input type="text"/>	Regular <input type="text"/> <input type="text"/>	
Urgent Care <input type="text"/> <input type="text"/>	Urgent Care <input type="text"/> <input type="text"/>	Urgent Care <input type="text"/> <input type="text"/>	

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