

Provider Enrollment Signature Requirements

Use these checklists to determine which items can be signed electronically and which items must be signed in ink.

Medical Networks	
Application or Form	Signature Requirements
Provider Enrollment	Electronic or wet
Recredentialing	Electronic or wet
Facility Information Request	Electronic or wet
Health Professional	Electronic or wet
Doing Business As	Electronic or wet
Change of Address	Electronic or wet
Add/Term Practitioner	Electronic or wet
Authorization to Bill	Electronic or wet
Electronic Funds Transfer (EFT)	Wet
Appendix D (BlueChoice HealthPlan)	Wet
Hold Harmless (BlueChoice)	Wet
ALL Contracts	Wet

Behavioral Health Network	
Application or Form	Signature Requirements
Behavioral Health	Electronic or wet
Autism Panel	Electronic or wet
Facility Information Request	Electronic or wet
Authorization to Bill	Electronic or wet
ALL Contracts	Electronic or wet