



Independent Lab Supplemental Form

Complete all fields and submit this form via email to IL_StandardContracting@bcbsil.com.

Provider Information	
Name of independent lab	
Tax ID number	National Provider Identifier
Physical Lab Locations	
Total number of physical lab locations operated by independent lab	
Address for each physical lab location:	
Draw Stations	
Total number of draw stations for independent lab	
Address for each draw station:	
Contracting Contact (Updated information for individual responsible for contracting on behalf of independent lab)	
Name	
Phone	Email
Credentialing Contact (Updated information for individual responsible for credentialing on behalf of independent lab)	
Name	
Phone	Email