

Oakland Physician Network Services

Dear Practitioner:

Please sign and return this **Letter of Intent for BCBS PGIP** with your Oakland Physician Network Services (OPNS) Packet to become an affiliate.

I intend to participate in the Blue Cross Blue Shield of Michigan (BCBSM) Physician Group Incentive Program (PGIP) through Oakland Physician Network Services (OPNS). OPNS will update BCBSM with my decision.

I understand that for administrative purposes, BCBSM requires physician participation in PGIP through **ONE** Physician Organization (PO) only and that failure to designate a PO may result in non-participation.

Provider's Name:

Provider's NPI:

Primary Office Name:

TIN:

GNPI:

Address:

City:

State:

Zip:

I intend to **Opt-In** with Oakland Physician Network Services

I intend to **Opt-Out** with Oakland Physician Network Services

If you are transferring to OPNS from another PO and bring the WHOLE practice, please obtain that Practice Unit ID (starts with B):

PU ID:

Practitioner Signature

Date: _____