

Consent to Assignment of Provider Contracts (Change of Ownership)

BCBSTX Provider Number(s) Affected (*internal use only*): _____

BCBSTX Facility Provider Representative:

Name of Provider Representative Handling Request:

Date Received for Processing:

SELLER/ASSIGNOR

PURCHASER/ASSIGNEE

Former Tax ID:	New Tax ID:
Legal Name of Seller/Assignor:	Legal Name of Purchaser/Assignee:
Name of Facility:	Name of Facility after transfer:
NPI Number:	New Operating NPI Number:
License Number:	New Operating License Number:
Contact Name:	Contact Name:
E-mail Address:	E-mail Address:
Telephone Number:	Telephone Number:
Fax Number:	Fax Number:
Mailing Address:	New Physical Address:
	New Administrative/Payee Address:

1. Effective Date of Ownership Change: _____

2. Has consent of assignment been requested? Yes No If so, attach document with this questionnaire.

3. **Stock Sale: This is a sale of stock of a corporation that owns a facility.**

Did this sale include sale of stock? Yes No

If so, what percentage of stock is sold? _____ %

4. **Asset Purchase Sale: This is a sale in which the assets (i.e., real estate, equipment, contracts) of the Facility are being sold (or assigned) by the current owner ("Seller") to a new owner ("Purchaser"). Is the transfer pursuant to an Assets Purchase Sale?** Yes No

5. Which BCBSTX provider contract(s) (by name and date) are parts of the ownership change?

PPO/POS Yes No

Traditional Indemnity Yes No

HMO Yes No

BlueCare Solutions Yes No

Medicare Advantage Amendment Yes No

Medicare Select Yes No

Other: _____

Consent to Assignment of Provider Contracts, Continued

6. Are the provider contracts transferred to Purchaser pursuant to an asset purchase agreement? Yes No

7. Is the Seller keeping any liabilities? Yes No If yes was answered, please provide details:

8. Are rates and terms & conditions of BCBSTX Provider contracts with Seller acceptable to Purchaser? Yes No

9. Are there any known claims or disputes (e.g., overpayment to seller) with Seller? Yes No
If so, provide details and status of dispute?

By completing and executing this Consent to Assignment of Provider Contracts, Seller/Assignor and Purchaser/Assignee are certifying the accuracy of the information contained herein and are requesting the consent by BCBSTX to the assignment of the Provider Contracts to Purchaser/Assignee.

Seller/Assignor

Signature:
Printed Name:
Title:
Date:

Purchaser/Assignee expressly agrees to assume the obligations of Seller/Assignor and the terms and conditions of the Provider Contracts.

Purchaser/Assignee

Signature:
Printed Name:
Title:
Date:

Approval of BCBSTX

Signature:
Printed Name:
Title:
Date Request was Submitted to BCBSTX: