

ROOM RATE UPDATE NOTIFICATION

This form is for the notification of any room rate changes to your Facility. It is important that BCBSTX has the most current rates in order to determine the correct patient liability.

Provider Name: _____

Provider City: _____

National Provider Identifier (NPI) Number(s): _____

Private Room Rate: _____

Semi-Private Room Rate: _____

Psychiatric Wing (Y/N): _____
(Please Provide Rate)

Private Room Only (Y/N): _____

Private Room Only Wings: _____
(Please List Which Wings of the Hospital)

Effective Date of Change: _____
(If the Date is Retroactive, We Will Use the Current Date)

Information Provided By: _____ **Phone #:** _____

Signature: _____ **Date:** _____

Please fax your completed form to:

Austin, Corpus Christi, San Antonio & El Paso	210-357-5273
Dallas/Ft. Worth Metroplex & East & West Texas	972-766-1103
Houston, Beaumont, Victoria, Lufkin & Nacogdoches	713-663-1250

If you have any questions, please contact your local Facility Provider Network office.

Updated 5/2008