

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) | Yes No | Psychiatric Wing Rate |
| Private Room Only (Y/N)?: | Yes No | |
| Private Room Only Wings: (Please list which wings of the hospital) | | |
| Effective Date of Change: | | |
| Information Provided By and Phone #: | Name | Phone |
| Signature/Date: | Signature | Date |

Email your completed form to

| Network Management Office | Email |
|---|--|
| Austin | provider_relations_south_texas@BCBSTX.com |
| Amarillo | provider_relations_south_texas@BCBSTX.com |
| Corpus Christi and The Valley | provider_relations_south_texas@BCBSTX.com |
| El Paso | provider_relations_south_texas@BCBSTX.com |
| Golden Triangle (Beaumont, Orange, Port Arthur) | provider_relations_houston@bcbstx.com |
| Houston | provider_relations_houston@bcbstx.com |
| Lubbock | provider_relations_south_texas@BCBSTX.com |
| Midland, Abilene and San Angelo | provider_relations_south_texas@BCBSTX.com |
| North Texas (Dallas, Fort Worth, East Texas) | provider_relations_dfw@bcbstx.com |
| San Antonio and Laredo | provider_relations_south_texas@BCBSTX.com |

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