

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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