

## Request for Consent to Assignment of Provider Contracts

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

**BCBSTX Facility Provider Representative:** \_\_\_\_\_

Name of Provider Representative Handling Request: \_\_\_\_\_

Date Received for Processing: \_\_\_\_\_

### SELLER/ASSIGNOR

Former Tax ID: \_\_\_\_\_

Legal Name of Seller/Assignor: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

NPI Number: \_\_\_\_\_

License Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Facility Physical Address: \_\_\_\_\_

Seller's Mailing Address: \_\_\_\_\_

Seller currently enrolled for EFT (Electronic Funds Transfer)  
with BCBSTX: ☐ Yes ☐ No

### PURCHASER/ASSIGNEE

New Tax ID: \_\_\_\_\_

Legal Name of Purchaser/Assignee: \_\_\_\_\_

Name of Facility after transfer: \_\_\_\_\_

New Operating NPI Number: \_\_\_\_\_

New Operating License Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Changes to Facility Physical Address (if applicable): \_\_\_\_\_

New Administrative/Payee Address (if applicable): \_\_\_\_\_

Purchaser Mailing Address (if different than Payee  
address): \_\_\_\_\_

Purchaser prefers to receive payments via:  
☐ Paper Check ☐ EFT (EFT Agreement required)

1. Effective Date of Ownership Change: \_\_\_\_\_

2. Has BCBSTX's consent of assignment of provider contracts for this change of ownership been previously requested?  
☐ Yes ☐ No If so, attach notification document(s) with this questionnaire.

3. Type of Sale:

**A. 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 was sold? \_\_\_\_\_%

**B. 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
- Are the provider contracts intended to be transferred to Purchaser pursuant to an asset purchase agreement? ☐ Yes ☐ No

**C. Quality Incentive Payment Program (QIPP) Lease Arrangement:** Yes ☐ No ☐  
Allows facility owner to retain facility management, negotiation and signatory authority.

**D. Other Type of Sale / Transfer** (please explain):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Request for Consent to Assignment of Provider Contracts, Continued

4. Unless otherwise excluded below all active BCBSTX provider contracts will be considered a part of this request for consent to assignment of provider contracts. Please indicate which BCBSTX provider contract(s) (by name and effective date) if any, are **NOT** parts of the ownership/transfer change?

**Note: The indicated networks will be terminated immediately upon approval of this request by BCBSTX.**

BCBSTX Contracts Excluded from Transfer

_____	Effective Date _____
_____	Effective Date _____
_____	Effective Date _____

5. Are rates and terms & conditions of BCBSTX Provider contract(s) with Seller acceptable to Purchaser? ☐ Yes ☐ No

6. Does the Seller intend to retain any liabilities? ☐ Yes ☐ No If yes, please provide details:

\_\_\_\_\_

7. Are there any known claims or disputes (e.g., overpayment/underpayment to seller) between BCBSTX and Seller?  
☐ Yes ☐ No If yes, please 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 of BCBSTX to the assignment of the Provider Contracts to Purchaser/Assignee.**

### Seller/Assignor

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

### Purchaser/Assignee

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

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

### Supporting Documents Required:

- ☐ New W9
- ☐ New License
- ☐ New Owner Certificate of Liability
- ☐ NPI Enumeration Email / Letter

### Approval of BCBSTX

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

### Update E-Commerce & Availity information:

<https://www.bcbstx.com/provider/claims/claims-eligibility/claims>  
<https://www.bcbstx.com/provider/claims/claims-eligibility/edi-commerce>  
<https://www.bcbstx.com/provider/claims/claims-eligibility/edi-commerce/edi-availability>

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