



To process a Change of Ownership for a hospital or facility provider, the seller of the business must fill out this form and it must be signed by the seller and purchaser. Once completed, email the original signed copy along with the new Proof of Liability Insurance, W-9, 147C IRS Letter (if applicable), state license and National Provider Identifier letter or email (if changed) to your [Network Management Consultant](#). Contact your Network Management Consultant with questions.

For Provider Completion

Seller/Assignor

Former Tax ID Number	
Name	
Facility name	
NPI	
License number	
Contact name	
Email address	
Phone number	
Fax	
Facility physical address	
City	
State	ZIP
Seller's mailing address	
City	
State	ZIP
Is seller currently enrolled for Electronic Funds Transfer with Blue Cross and Blue Shield of Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Purchaser/Assignee

New Tax ID Number		
Name		
Facility name after transfer		
New operating NPI		
New operating license number		
Contact name		
Email address		
Phone number		
Fax		
Changes to facility physical address (if applicable)		
City	State	ZIP
New administrative or payee address (if applicable)		
City	State	ZIP
Purchaser mailing address (if different than payee address)		
City	State	ZIP
Purchaser prefers to receive payments via: <input type="checkbox"/> Paper Check <input type="checkbox"/> EFT (EFT agreement required)		

Request for Consent to Assignment of Provider Contracts

continued

1	Effective date of ownership change / /
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2	Has Blue Cross and Blue Shield of Texas' consent to assignment of provider contracts for this change of ownership been previously requested? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach notification documents with this questionnaire.
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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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 (the seller) to a new owner (the purchaser). Is the transfer pursuant to an Assets Purchase Sale? <input type="checkbox"/> Yes <input type="checkbox"/> No Are the provider contracts intended to be transferred to the purchaser pursuant to an asset purchase agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No
	C. Quality Incentive Payment Program Lease Arrangement: <input type="checkbox"/> Yes <input type="checkbox"/> No Allows facility owner to retain facility management, negotiation and signatory authority.	D. Other type of sale or transfer (please explain):

4	Unless otherwise excluded below, all active provider contracts will be considered a part of this request for consent to assignment of provider contracts. Please list which provider contracts are not parts of the ownership or transfer change, if any, by name and effective date. The indicated networks will be terminated immediately upon our approval of this request.	
	Contracts excluded from transfer	Effective Date / /
	Contracts excluded from transfer	Effective Date / /
	Contracts excluded from transfer	Effective Date / /

5	Are rates and terms and conditions of the provider contracts with the seller acceptable to the purchaser? <input type="checkbox"/> Yes <input type="checkbox"/> No
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6	Does the seller intend to retain any liabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:
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7	Are there any known claims or disputes (e.g., overpayment or underpayment to seller) between BCBSTX and the seller? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details and status of dispute:
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Request for Consent to Assignment of Provider Contracts

continued

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 / /

Approval for BCBSTX

Signature	Printed name
Title	Date / /

Supporting Documents Required

<input type="checkbox"/> New W9	<input type="checkbox"/> New License	<input type="checkbox"/> New Owner Certificate of Liability
<input type="checkbox"/> NPI Enumeration Email or Letter	<input type="checkbox"/> 147C IRS documentation	

Resources

[Claims and Eligibility](#)

[Electronic Commerce Services](#)

[Avality® Essentials](#)

Internal Use Only (Please leave this section blank.)

Provider numbers affected	
Facility provider representative	Internal case number
Name of provider representative handling request	Date received for processing / /