To: Blue Cross Blue Shield of Texas  

Please accept this correspondence as confirmation that since I do not have privileges at a HMO/Blue Choice network hospital, with the exception of medical emergencies, my practice will be confined to outpatient.

If non-emergency hospitalization is necessary, I will refer care to a HMO/Blue Choice network provider that has active admitting privileges at a participating HMO/Blue Choice network facility.

Provider's name (please print)

Provider's signature

Name of Designated Admitting Network Physician

☐ HMO  ☐ PPO

NPI # of above Designated Admitting Network Physician

Name of Designated Admitting Network Physician

☐ HMO  ☐ PPO

NPI # of above Designated Admitting Network Physician

Note: If you are unsure of the network status of providers and/or hospitals, please contact your local Blue Cross Blue Shield of Texas office.