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)

Private Room Only (Y/N)?: _____________________________________

Private Room Only Wings: _______________________________________

(Please List Which Wings of the Hospital)

Effective Date of Change: _______________________________________

Information Provided By and Phone #: ___________________________

Signature: ___________________________________________________

Date: _______________________________________________________

Fax Your Completed Form to:

<table>
<thead>
<tr>
<th>Location</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austin, Corpus Christi, San Antonio &amp; El Paso</td>
<td>210-558-5176</td>
</tr>
<tr>
<td>Dallas/Fort Worth Metroplex and East &amp; West Texas</td>
<td>972-766-2231</td>
</tr>
<tr>
<td>Houston, Beaumont, Victoria, Lufkin &amp; Nacogdoches</td>
<td>713-663-1227</td>
</tr>
</tbody>
</table>

If you have any questions, please contact your local Network Management office.

Updated 08/2016