



BlueCross BlueShield
of Oklahoma

Room Rate Registration Form

This form is for Hospital to notify BCBSOK of room rate changes. It is important that BCBSOK has the most current rates in order to determine the correct patient liability. BCBSOK will update its system with the new room rates thirty (30) days after such notification is received by BCBSOK.

Acute Care Hospital Name:

Acute Care NPI:

Private Room Rate:

\$

Effective:

Semi-Private Room Rate:

\$

Effective:

Psychiatric Department (Y/N)?

Yes

No

Psychiatric Department Billing NPI:

Information Provided By:

Name:

Signature:

Date:

Email:

Email your completed form to:

Network Management Office OKC: angela_qualls@hcsc.net

Network Management Office Tulsa: pam_milleson@hcsc.net