

Provider Chargemaster Update Notification Form



Please complete the form below indicating the adjustment rates that have been approved or are planned for the facility noted.

Adjustment Rates		
Date (mm/dd/yyyy)	Facility	
Tax Identification Number (TIN)	Percent Increase – Overall	Effective Date (mm/dd/yyyy)
Percent Increase – Outpatient Services		Effective Date (mm/dd/yyyy)

Please use the table below to provide additional information if the percent increase is being applied to particular service types, (e. g. lab, x-ray, etc.)

Additional Information	
Service Type	Percent Adjustment

Upon completion of this form, please email a copy to the following email address:

FeeSchedules@bcbsnd.com