

# 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	Facility	
Tax Identification Number (TIN)	Percent Increase	Effective Date

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](mailto:FeeSchedules@bcbsnd.com)