



**BlueCross BlueShield  
of Montana**

**ROOM RATE UPDATE NOTIFICATION**

This form is for the notification of any room rate changes to your facility. It is important that BCBSMT has the most current rates to determine the correct payment and patient liability.

Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Private Room ( <i>Required</i> )	Prospective Effective Date of Change:
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**NOTE: BCBSMT is unable to accommodate retroactive room rate changes.**

Rate information provided by: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

**Send completed Form to:**

**Email:** [hcsx6100@bcbsmt.com](mailto:hcsx6100@bcbsmt.com)

**Fax:** (406) 437-7879

**Mail:** Attention: Montana Provider Network Management  
Blue Cross Blue Shield of Montana  
P.O. Box 4309  
Helena, MT 59604-4610

If you have questions, please call (406) 437-6100