



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.

This form is NOT for use by clinicians or professional practices.

Request for Consent to Assignment of Provider Contracts

If the facility Provider will use:

- An **existing** Tax ID number, the same legal name, and the same (primary) NPI, both the Seller/Assignor and the Purchaser/Assignee must sign this form on page 2. Email the completed form to **BlueCrossNetworkContracting@bcbsma.com** or fax it to **617-246-6819**.
- A **new** Tax ID number, **do not submit this form**. Instead, complete a Provider Application* to have your service sites recredentialed under the new Tax ID number. Please explain this change on the second page of the Provider Application under "Blue Cross non-contracted provider number."

* Available at bluecrossma.com/provider by going to Forms>Contracting Applications

Legal name of facility Provider

DBA (if shown on IRS Form W-9)

Provider's tax ID

Provider's NPI

Legal name of current owner (Seller/Assignor)

Legal name of new owner (Purchaser/Assignee)

Effective date of sale or transfer

Provider Contracts

Please identify **all provider agreements** between the Provider and Blue Cross Blue Shield of Massachusetts (full name of each contract)

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Type of Sale

Stock/Equity Sale: This includes a sale of (i) stock of a corporation that owns a facility or (ii) membership interest in an LLC that owns a facility.

Did this sale include sale of equity? Yes No

If yes, what percentage of equity was sold? %

(please explain if necessary, e.g., one 50% owner selling their share to the other 50% owner)

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Other Type of Sale/Transfer, e.g. Partnership (please explain)

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Do not use this form if the sale/transfer was an Asset Purchase.

Claims or disputes

Are there any known claims or disputes between Provider and Blue Cross Blue Shield? Yes No

If yes, please provide details and status of dispute

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Contact Person

Name

Email

Phone

Attestation and Assumption of Liability

As of the effective date listed above, ownership of Provider is transferred from the Seller/Assignor to the Purchaser/Assignee. According to the Assignment section of each Provider Contract, a change in control constitutes an assignment in part of the relevant obligations of the Agreement.

As of the effective date listed above, the Seller/Assignor hereby authorizes and the Purchaser/Assignee hereby accepts and assumes liability for all claims payments, claims adjustments, recoveries of overpayments, and any other obligations due to Blue Cross Blue and Shield of Massachusetts, Inc. under each Provider Contract listed above, without regard to the date of service or adjudication date. Any agreement between the Seller/Assignor and Purchaser/Assignee to the contrary will not be recognized or enforced by Blue Cross and Blue Shield of Massachusetts, Inc.

By completing and executing this Consent to Assignment of Provider Contracts, Seller/Assignor and Purchaser/Assignee certify the accuracy of the information contained in this form and are requesting the written consent of Blue Cross and Blue Shield of Massachusetts, Inc. to the assignment of the Provider Contracts listed above to Purchaser/Assignee.

Seller/Assignor

Purchaser/Assignee

Purchaser/Assignee expressly agrees to assume the obligations of Seller/Assignor and the terms and conditions of the Provider Contracts listed above.

Name of organization

Name of organization

Signature

Signature

Print name

Print name

Business title

Business title

Date of signature: _____

Date of signature: _____

Accepted and agreed to by:

Blue Cross and Blue Shield of Massachusetts, Inc.

**Blue Cross and Blue Shield of Massachusetts
HMO Blue, Inc.**

**Massachusetts Benefit Administrators LLC
d/b/a Blue Benefit Administrators of Massachusetts**
by Blue Cross and Blue Shield of Massachusetts, Inc.,
its sole member

Signature

Patrick Arnold
Vice President, Network Contracting

Date of signature: _____