



MASSACHUSETTS

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

Request for Consent to Assignment of Provider Contracts

If the provider will use:

- An **existing** Tax ID number, both the seller and the purchaser 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. Please complete a Provider Application* for your service site(s) to be recredentialed using the new Tax ID number. Please explain this change on the second page of the application under "Blue Cross non-contracted provider number."

* You can find the form at bluecrossma.com/provider by going to Forms>Contracting Applications

Note: Clinicians and practices should **not** use this form.

Legal name of Provider (facility) _____

Provider's tax ID _____

Legal name of current owner (**Seller/Assignor**) _____

Legal name of new owner (**Purchaser/Assignee**) _____

Effective date of sale or transfer _____

Provider Contracts

Please list the provider type (*licensure*) of **all agreements** between the Provider and Blue Cross Blue Shield of Massachusetts _____

Type of Sale

Stock Sale: This means a sale of stock of a corporation that owns a facility.

Did this sale include sale of stock? Yes No
If yes, what percentage of stock was sold? _____ %

Asset Purchase Sale: This means a sale in which the assets of the facility are being sold.

Is the transfer pursuant to an Assets Purchase Sale? Yes No

Other Type of Sale/Transfer _____
(please explain) _____

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: _____

Contact Person

Name _____
Email _____
Phone _____

Attestation

Effective as of the 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 of sale or transfer of the Provider as listed above, the Seller/Assignor hereby authorizes and the Purchaser/Assignee hereby accepts that all claims payments, claims adjustments, recoveries of overpayments, and any other obligations due to Blue Cross Blue Shield of Massachusetts under each Provider Contract will accrue to the Purchaser/Assignee, 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 Blue Shield of Massachusetts. This acknowledgment does not limit the right of the Seller/Assignor and Purchaser/Assignee to pursue other legal remedies.

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 consent of Blue Cross Blue Shield of Massachusetts to the assignment of the Provider Contracts 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.

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

Stephan Katinas
Vice President,
Healthcare Contracting and Management

Date of signature: _____

Rec'd by BCBSMA _____

Legal approval _____