



## HOSPITAL COVERAGE LETTER

**To: Blue Cross and Blue Shield of Texas (BCBSTX)**

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

Please accept this correspondence as confirmation that since I do not have active admitting privileges at a participating network hospital (in the applicable BCBSTX provider network(s) in which I participate), with the exception of medical emergencies, my practice will be confined to outpatient care.

I hereby agree and attest, that if non-emergency hospitalization is necessary, I will refer BCBSTX subscriber/member care to a participating physician or hospitalist (in the applicable BCBSTX provider network) who has active admitting privileges at a participating network hospital (in the applicable BCBSTX provider network).

*(Please print legibly)*

**Provider's Name:** \_\_\_\_\_

**Provider's NPI #:** \_\_\_\_\_

**Provider's Signature:** \_\_\_\_\_

**BCBSTX provider networks include:** 1) Blue Choice PPO<sup>SM</sup>, 2) Blue Medicare Advantage (PPO)<sup>SM</sup>, 3) Blue Essentials (formerly HMO Blue Texas<sup>SM</sup>), 4) Blue Advantage HMO<sup>SM</sup>, and 5) Medicaid (STAR) and CHIP.

**Note:** *If you are unsure of the participation status in a specific BCBSTX provider network, for yourself, another physician, hospitalist, or hospital, please contact your BCBSTX Provider Relations office by fax or phone.*

Provider Relations Office	FAX Number	Telephone Number
<b>Austin</b>	512-349-4853	512-349-4847
<b>Corpus Christi</b>	361-852-0624	361-878-1623
<b>Dallas</b>	972-766-2231	972-766-8900 / 800-749-0966
<b>El Paso</b>	915-496-6614	915-496-6600
<b>Houston, Beaumont, East Texas</b>	713-663-1227	713-663-1149 / 800-637-0171
<b>Lubbock, Amarillo</b>	806-783-4666	806-783-4610
<b>Midland, Abilene, San Angelo</b>	432-620-1428	432-620-1406
<b>San Antonio</b>	361-852-0624	361-878-1623