Listing of Room Rates

Instructions:

- Please list the room rates according to bed occupancy type. Do not list twice if you have combination rooms that can be used as either private or semiprivate.
- Please complete one form for each BCBSNE provider number.

Complete the form, and mail or fax it to:

Blue Cross and Blue Shield of Nebraska
HNS Department
PO Box 3248
Omaha, NE 68180-0001
FAX: 402-343-3455

1) Facility: _____
2) Address: _____
3) City, State Zip: _____
4) Contact Person: _____
5) Effective Date of Rates: _____
6) BCBSNE Provider No.: _____
7) No. of Licensed Beds: _____
8)

Bed Type	Revenue Codes	Rate per Day
ICU/CCU	20x & 21x	$ _____
Private	11x & 14x	$ _____
Semiprivate	12x, 13x, 15x, 19x, 101	
Highest Rate per Day		$ _____
Average		$ _____
Most prevalent		$ _____

9) **Notice and Certification:**
If a hospital increases any of the charges included in this listing, a new completed **Listing of Room Rates** form must be on file with Blue Cross and Blue Shield of Nebraska thirty (30) days before the new charges go into effect. Any increase in charges cannot be passed on to Blue Cross and / or Blue Shield members until thirty (30) days have elapsed. Additional forms are available at www.bcbsneprovider.com/forms/.

I certify that the charges listed above are correct and have been approved by the governing body of _____ Hospital.

Date	Signature of Person Preparing Report	Title

Signature of Verifying Hospital Administrator, Supervisor or Officer	Title

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