

Friday, June 01, 2018

2301 Main St. | Kansas City, MO 64108 | BlueKC.com

**Notice of Change of Ownership  
For Ancillary Provider**

This Notice of Change of Ownership form (“Notice”) is submitted by the undersigned Ancillary Provider (“Ancillary Provider”) to Blue Cross and Blue Shield of Kansas City (“BCBSKC”), This Notice (along with any assignment therein) will become effective upon the date last signed below.

WHEREAS, Ancillary Provider and BCBSKC previously entered into an Ancillary Provider Network Agreement (the “Agreement”);

WHEREAS, Paragraph 9.10 of the Agreement states that the Agreement is not assignable by Ancillary Provider except by express written consent of BCBSKC;

WHEREAS, Ancillary Provider wishes to notify BCBSKC of a change in ownership that has been completed effective \_\_\_\_\_ and wishes to either assign the Agreement to the current owner (with express written consent of BCBSKC), or terminate the Agreement as indicated below ;

Now Therefore, the Parties therefore intend and agree as follows;

INTENTIONS

With respect to the Agreement, Ancillary Provider should please indicate whether *assignment* or *termination* is requested as a result of the change in ownership of Ancillary Provider.

assignment

Please note, pursuant to §9.10, “this Agreement shall not be assigned by either party without the prior written consent of the other party.” Such assignment shall not be effective until the date last signed below.

In order to limit the disruption of Covered Services to BCBSKC Members, Ancillary Provider’s prompt notification and provision of resources is appreciated. If an assignment is requested, please also provide the current/successor owner’s information such as full legal name, W-9 and NPI as well as the contact information requested below.

\_\_\_\_\_  
“ANCILLARY PROVIDER”

BLUE CROSS AND BLUE SHIELD  
OF KANSAS CITY  
“BCBSKC” on its own or as Attorney-in-Fact  
for its Affiliates

BY: \_\_\_\_\_

BY: \_\_\_\_\_

ITS: \_\_\_\_\_

Vice President, Strategic Partnerships  
And Network Operations

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_

“CURRENT/SUCCESSOR OWNER”

Signature: \_\_\_\_\_ General Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Title: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

[ ] termination

Please note, if intentions are *termination*, pursuant to §7.2, termination date must not be any sooner than ninety days after receipt of written notice. Ancillary Provider hereby confirms request to *terminate* Agreement with BCBSKC.

\_\_\_\_\_

“ANCILLARY PROVIDER”

BY: \_\_\_\_\_

ITS: \_\_\_\_\_

DATE: \_\_\_\_\_

Please return form to:  
\_MCO\_Contact@BlueKC.com  
Attention: BCBSKC Contract Specialist