

Hospital Vendor Contract Summary Sheet

1. ☒ Existing Vendor ☐ New Vendor
2. **Name of Contract:** Blue Cross Blue Shield
3. **Contract Parties:** MRMC/Blue Cross Blue Shield
4. **Contract Type Services:** Insurance
5. **Impacted Hospital Departments:** Hospital Patient Care
6. **Contract Summary:** Provides an agreement with BCBS for the to be able to provide services to Blue Cross Blue Shield members.
7. **Cost:** No Cost
8. **Prior Cost:** None
9. **Term:** Yearly
10. **Termination Clause:**
11. **Other:**