

## Form No. 40-287

[illegible]

Non-Network Provider Arrangements Report Form  
Non-Network Requests Report Tab  
Form No. 40-287

Row #	Reason for Denial or Partial Approval	Date of Referral	Request ID	County	Provider Group	Provider Type Category	Specialty	Type of License / Certificate
1								
2								
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Non-Network Provider Arrangements Report Form  
Limited Plan Provider Report Tab  
Form No. 40-287

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Non-Network Provider Arrangements Report Form  
Limited Plan Provider Report Tab  
Form No. 40-287

[illegible]

Non-Network Provider Arrangements Report Form  
Limited Plan Provider Report Tab  
Form No. 40-287

[illegible]

Non-Network Provider Arrangements Report Form  
Past Network Clinical Encounter Report Tab  
Form No. 40-287

[illegible]

Non-Network Provider Arrangements Report Form  
Past Network Clinical Encounter Report Tab  
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Non-Network Provider Arrangements Report Form  
Past Network Clinical Encounter Report Tab  
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