Network Service Area and Enrollment Report Form
Network Service Area Report Tab
Form No. 40-265

Row #	Network Name	Network ID	Product Line	County	Full or Partial County	ZIP Code
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Network Service Area and Enrollment Report Form
Primary Plan Enrollment Report Tab
Form No. 40-265

Row #	Network Name	Network ID	Product Line	Subcontracted Plan License Number	Subcontracted Plan Network ID	County	ZIP Code	Total Number of Enrollees	Number of Subcontracted Plan Enrollees	Inside / Outside Approved Network Service Area	Number of Primary Plan Enrollees
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Network Service Area and Enrollment Report Form
<u>Subcontracted Plan Enrollment Report Tab</u>
Form No. 40-265

Row #	Network Name (Primary Plan)	Network ID (Primary Plan)	Product Line (Primary Plan)	County	ZIP Code	Inside Approved Network Service Area	Number of Subcontracted Plan Enrollees	Subcontracted Plan License Number	Subcontracted Plan Network ID
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