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

Row #	Network Name	Network ID	Product Line	Subcontracted Plan License Number	Subcontracted Plan Network ID	Date of Request	Reason for Request	Date of Determination	Determination
1									
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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								
3								
4								
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23								
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Non-Network Provider Arrangements Report Form
Limited Plan Provider Report Tab
Form No. 40-287

Row #	Network Name	Network ID	Subcontracted Plan License Number	Subcontracted Plan Network ID	Last Name	First Name	Entity Name	NPI	CA License / Certificate
1									
2									
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24									
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Non-Network Provider Arrangements Report Form
Limited Plan Provider Report Tab
Form No. 40-287

Row #	Non-CA License / Certificate	Non-CA License / Certificate State	Provider Type Category	Type of License / Certificate	Specialty	Board Certified / Eligible	Provider Group	Provider Language 1	Provider Language 2
1									
2									
3									
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Non-Network Provider Arrangements Report Form
Limited Plan Provider Report Tab
Form No. 40-287

Row #	Provider Language 3	Practice Address	Practice Address 2	City	County	State	ZIP Code	Number of Limited Plan Providers at Entity	In-Person Appointments
1									
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