Provider Network Identification Filing Form

Please complete the following form to identify the provider network the plan currently uses and any anticipated provider network changes.

A completed Provider Network Identification Filing Form should be submitted by the insurer annually through SERFF within the binder or form filing as Supporting Documentation.

**Network Identification:** Network name, HIOS Issuer ID, Network ID (PAN001)

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**Plan Contact Information:** Name, insurer, phone and/or email for possible follow-up.

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**Additional Questions:**

1. Does this network submission include any material changes from the plan’s previous network submission? This could include, but is not limited to, a change to a dental/pharmacy/vision benefit manager or network or termination of a hospital or provider system contract. [ ]  Yes [ ]  No
2. Does the insurer anticipate making any material changes, as described in Question 1 above, to this network before the start of the plan year associated with this filing? [ ]  Yes [ ]  No