**REQUEST FOR WAIVER**

**FROM NETWORK ADEQUACY REPORT REQUIREMENTS**

Company: Click or tap here to enter text.

Contact Name: Click or tap here to enter text.

Contact Email: Click or tap here to enter text.

Contact Phone: Click or tap here to enter text.

Plan Year: Click or tap here to enter text.

Plan ID(s) for those in Non-Compliance: Click or tap here to enter text.

Description of Non-Compliance: Click or tap here to enter text.

With this form please attach documentation of the items specified at 4702.2:

*(a) A list of providers or physicians that the carrier attempted to contract with,*

*identified by name, practice location, and specialty or facility type;*

*(b) A description of when and how many times the carrier last contacted each provider or physician;*

*(c) A description of any reason(s) each provider or physician gave for refusing to contract with the carrier;*

*(d) A description of any modifications to the contract or contracting process offered to providers or facilities described in paragraph (c);*

*(e) Steps the carrier will take to attempt to improve its network to meet the requirements of this section;*

*(f) Carriers that provide a majority of their covered professional services through physicians employed by the carrier, or through a single medical group in contract with the carrier, shall include, in a waiver request, a description of how the carrier otherwise meets the access needs of its enrollees, and a description of expansion plans, if applicable;*

Any other information: Click or tap here to enter text.