



NON-ACCESS EXEMPTION APPLICATION

| Patient Section | |
|---|--------------------------------------|
| Participant's Name | Participant's Social Security Number |
| Patient (if same as participant, state same) | Patient's Address |
| Patient's Relationship to Participant <input type="checkbox"/> Dependent Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Self | |

The above PARTICIPANT wishes to apply for an exemption from Network Requirements so that the above PATIENT may be allowed to receive treatment from the below Out-Of-Network Provider. It is the Participant's contention that there are no Network Providers of the noted below type within the prescribed distance (25 miles for orthodontics, 20 driving miles for all other types) from the PATIENT'S home.

| Provider Section | |
|---|--------------------------|
| Provider Name | Provider Address |
| Provider Phone Number | Proposed Date of Service |
| Type of Primary Care Provider <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Family Practice <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Gynecology <input type="checkbox"/> Dentistry </div> <div style="width: 45%;"> <input type="checkbox"/> General Practice <input type="checkbox"/> Pediatrics <input type="checkbox"/> Obstetrics <input type="checkbox"/> Orthodontics </div> </div> | |
| Fund Use Only | |

Specialists Are Not Included In This Non-Access Exemption