

PROVIDER NETWORK CONTRACTING ENTITY EXEMPTION OF AFFILIATES FORM

Provider Network Contracting Entity must provide the following information to TDI at [MCQA@tdi.texas.gov or by mail to Managed Care Quality Assurance Office, Financial Regulation Division, Mail Code 103-6A, Texas Department of Insurance, P.O. Box 149104, Austin, Texas 78714-9104.]

1. All names used or that will be used by the provider network contracting entity, including any name under which the contracting entity intends to engage or has engaged in the business of insurance in Texas:

2. Provider network contracting entity's mailing address:

3. Provider network contracting entity's main telephone number:

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4. Provider network contracting entity's primary contact name:

5. Provider network contracting entity's primary contact telephone number:

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6. Disclose and clearly define the relationships between the applicant and all listed affiliates of the applicant, as required under Insurance Code §1458.055 and 28 Texas Administrative Code §3.9803, including primary provider networks, subsidiary provider networks, and other provider networks as defined in §3.9801. (Add additional pages as necessary).

7. List each affiliate, and the affiliate's address, for which an exemption is requested. (Add additional pages as necessary):
