



NETWORK ADEQUACY EXCEPTION REQUEST

Please complete the entire form and fax or email to BCBSNM.

Date: Click or tap to enter a date.

Type of Exception Requested: Network Provider Type/Specialty

Network for Which Exception is Requested: PPO HMO Blue Preferred Blue Advantage HMO

Blue Community HMO NM Community Centennial Medicare Advantage

Provider Type/Specialty for Which Exception is Requested (e.g. Chiropractor):

Legal Entity and DBA:
Legal Entity Federal Tax ID # and NPI:
Practice Type (e.g. Primary Care):
Number of Providers (MDs, DO, CNPs, PAs, PHDs, etc.):
Provider Name(s) (Titles/Degrees):
Provider NPI:
Provider Type (e.g. Internist):
Street Name:
City, County, State, Zip:
Contact Name:
Phone:
Email:
Fax:
Basis for Request:

Signature

Date