Texas Department of Insurance

Rate and Form Review Office, Mail Code 106-1A
333 Guadalupe • P. O. Box 149104, Austin, Texas
512-322-3401 telephone • 512-322-3552 fax • www.tdi.texas.gov

Application for Approval of Exclusive Provider Benefit Plan

Type of Application: ☐ Original Application ☐ Modification to an Approved Application

Organizational Information

Name of Applicant Insurer: _____

TDI Certificate or License Number: _____

Home Office Address: _____

City:_____State:_____ZIP code:_____

Applicant's Telephone Number: _____

Name and Title of Contact Person: _____

Contact Person's Telephone Number: _____

Officer's Attestation

I hereby attest that I have read the application, that I am familiar with its contents, and that all of the information, including the attachments, submitted in this application is true and complete. I further attest that the network is adequate for the services to be provided under the exclusive provider benefit plan in accordance with 28 TAC Chapter 3, Subchapter X.

Date: _____

Signature: _____
             (Corporate President, Corporate Secretary, or the President's or Secretary's authorized representative)

Printed Name: _____

Title: _____

LHL658

Application for Approval of Exclusive Provider Benefit Plan Exhibit Checklist

The exhibit checklist is intended to help guide you with assembling your complete Application for Approval of Exclusive Provider Benefit Plan. For rule requirements, see 28 TAC Chapter 3, Subchapter X, Division 2. Prior to submitting your application for review, please be sure to indicate the page number where the exhibit can be found on the right side of the page.

Exhibit Citation	Description	Page Number
☐ 28 TAC §3.3722(c)(5)	Description and Map of Service Area	_____
☐ 28 TAC §3.3722(c)(6)	List of Plan Documents	_____
☐ 28 TAC §3.3722(c)(7)	Physician and Provider Contract Templates or Officer's Attestation of Compliance	_____
☐ 28 TAC §3.3722(c)(8)	Quality Improvement Program Description	_____
☐ 28 TAC §3.3722(c)(9)	Network Configuration	_____
☐ 28 TAC §3.3722(c)(10)	Emergency Care Services	_____
☐ 28 TAC §3.3722(c)(11)	Complaint System	_____
☐ 28 TAC §3.3722(c)(12)	Physical Address of Books and Records	_____

LHL658