



### Network Adequacy Exception Request

Please complete the entire form and fax or email to Blue Cross and Blue Shield of New Mexico.

Date:

Type of Exception Requested:

Network     Provider Type/Specialty

Network for which exception is requested:

PPO     HMO     Blue Preferred<sup>SM</sup>     Blue Advantage HMO<sup>SM</sup>

Blue Community HMO<sup>SM</sup>     NM Medicaid     Medicare Advantage

Provider Type/Specialty for Which Exception is Requested:

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: \_\_\_\_\_