Combination Network Report Form
Combination Network Matrix Report Tab
Form No. 40-289

			<u>Component</u>	Subcontracted Plan License Number (Component Network)	Subcontracted Plan Network ID (Component Network)	Product Line	Mandatory Component Provider Type
1							
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<u>9</u> 10							
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<u>23</u>							
<u>24</u>							
<u>25</u>							

Combination Network Report Form
Component Network Enrollment Report Tab
Form No. 40-289

Row#		Component Network ID	Product Line	<u>County</u>	ZIP Code	Number of Component Network Enrollees	Inside Approved Network Service Area
1							
2							
3							
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