Out-of-Network Payment Report Form Out-of-Network Payment Report Tab Form No. 40-273

Row#	Network Name	Subcontracted Plan License Number	Subcontracted Plan Network ID	Provider First	Non-Contracted Provider NPI	Contracting	Number of Payments Made at Contracting Facility
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Out-of-Network Payment Report Form Proportion Report Tab Form No. 40-273

Row #	Contracting Facility Name	Number of Non- Contracted Providers at Facility	Number of Contracted Providers at Facility	Proportion of Non- Contracted to Contracted Providers
1				
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