

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

[illegible]

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				
2				
3				
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