



### Network Exception Request Form

A Network Exception may be requested if a medically necessary service is not available in the network or is not available within a reasonable time and distance standard (45 miles). You may access the Provider Directory [here](#).

The Member or Provider may complete this form and send it to: [NetworkServices@promisehealthplan.com](mailto:NetworkServices@promisehealthplan.com)

**Decisions for Network Exceptions will be determined within 15 days from receipt of all required documentation.**

*This form is not intended for prior authorization or pre-certification. If you have a question about prior authorization or pre-certification, please contact Promise Health Plan Customer Service at 1-855-366-6660.*

Employee Name (Please Print): \_\_\_\_\_

Plan Selection: \_\_\_\_\_

Member ID number: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Patient Home Address: \_\_\_\_\_

Referring Provider: \_\_\_\_\_

Name of Provider/Facility Being Referred To: \_\_\_\_\_

Address of Service: \_\_\_\_\_

Billing Codes\*: \_\_\_\_\_

Diagnosis Codes\*: \_\_\_\_\_

Diagnosis Codes Description: \_\_\_\_\_

Service Start Date: \_\_\_\_\_

Service End Date: \_\_\_\_\_

Is service recurring? If so, how often? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\*For Behavioral Health, both the Billing and Diagnosis Codes are required.

**Would you be willing to see a Specialist within the Promise Health Plan Network if it could lower your out-of-pocket costs for treatment?**  Yes  No

**Confirmed member viewed the provider directory and was unable to locate an in-network provider?**  
 Yes  No