Governor Michael L. Parson
State of Missouri

Missouri Department of
Commerce & Insurance
Chlora Lindley-Myers, Director

Division of Insurance Market Regulation

Access to Providers for Treatment of Mental Health Conditions

Certification pursuant to 20 CSR 400-2.165

(MUST be submitted by October 15)

(7)(A) Legal Plan name: _____

National Association of Insurance Commissioners (NAIC) number: _____

(7)(B) Number of Insureds covered by Health Benefit Plans: _____

(7)(C) Reason for Exception:

____ (2)(C)(1): Health benefit plans issued by an HMO.

____ (2)(C)(2): Health benefit plans issued by insurers that provide for some degree of management of care under the plan for all health conditions.

____ (2)(C)(3): Individual health benefit plans, including those that cover dependents.

____ (2)(C)(4): Individually underwritten group health benefits plans.

____ (2)(C)(5): Supplemental insurance policies: Please indicate each type of policy

- ____ Life Care Contracts
- ____ Accident-Only policies
- ____ Specified Disease policies
- ____ Hospital policies providing a fixed daily benefits only
- ____ Medicare supplement policies
- ____ Long-term care policies
- ____ Hospitalization-surgical care policies
- ____ Short-term major medical policies of six (6) months or less duration

____ (2)(C)(6): Any other supplemental policy as determined by the director.

Please describe:_____

(7)(D) Certification of Compliance with 20 CSR 400-2.165:

Officer's Name: _____

Officer's Title: _____

Date: _____

(7)(E) Contact information for any questions pertaining to the information provided.

Contact Name: _____

Contact Title: _____

Email Address: _____

Company Name: _____

Company Address: _____

Company City, State, & Zip Code: _____

Phone Number & Extension_____