

Michael L. Parson
Governor
State of Missouri



Department of Insurance
Financial Institutions
and Professional Registration
Chlora Lindley-Myers, Director

INSURANCE MARKET REGULATION DIVISION

Access to Providers for Treatment of Mental Health Conditions

Certification pursuant to 20 CSR 400-2.165

(MUST be postmarked/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
____ (2)(C)(3): Individual health benefit plans, including those that cover
____ (2)(C)(4): Individually underwritten group health benefits plans.
____ (2)(C)(5): Supplemental insurance policies: Please indicate each type of
____ 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: _____

