

Network Adequacy Attestation for Certification of Adequacy: Pharmacy Only Network

Name of Insurer

Name of Network

Provider Directory Information:

- Please attach a copy of the Provider Directory; and
- Provide the date that the attached Provider Directory was last updated:

Provider and County Listing:

List each county in the network in the appropriate column based upon the number of pharmacy providers in the county.

2 to 25 providers	26-50 providers	51-100 providers	Over 100 providers

I attest to the following:

- The network meets or exceeds network adequacy standards as required by the Department of Financial Services pursuant to Insurance Law Section 3241(a);
- The provider directory, as attached, is the most recent and complete version in compliance with Insurance Law Section 3217-a(a)(17);
- The above information is current, true, accurate and complete to the best of my knowledge.

I understand that any falsification, omission or concealment of material fact may subject the insurer to civil penalties.

Signature of Officer

Print Name and Title of Company Officer

Date