



**AFFIDAVIT BY HMO/PHC/EPO FOR EXPANSION OF SERVICE AREA**

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

Pursuant to Chapter 641, Part III, Florida Statutes, and Chapter 59A-12 of the Florida Administrative Code, or section 627.6472, Florida Statutes, affidavit for service area expansion is hereby submitted.

**I. ORGANIZATION IDENTIFICATION**

Legal Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

	Street	County
City	State	Zip Code

Federal ID Number \_\_\_\_\_

**II. CURRENT SERVICE AREAS APPROVED (indicate dates and partial zip code approvals, where applicable)**

- |                                    |                                       |                                     |                                     |
|------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Alachua   | <input type="checkbox"/> Flagler      | <input type="checkbox"/> Lake       | <input type="checkbox"/> Pinellas   |
| <input type="checkbox"/> Baker     | <input type="checkbox"/> Franklin     | <input type="checkbox"/> Lee        | <input type="checkbox"/> Polk       |
| <input type="checkbox"/> Bay       | <input type="checkbox"/> Gadsden      | <input type="checkbox"/> Leon       | <input type="checkbox"/> Putnam     |
| <input type="checkbox"/> Bradford  | <input type="checkbox"/> Gilchrist    | <input type="checkbox"/> Levy       | <input type="checkbox"/> Santa Rosa |
| <input type="checkbox"/> Brevard   | <input type="checkbox"/> Glades       | <input type="checkbox"/> Liberty    | <input type="checkbox"/> Sarasota   |
| <input type="checkbox"/> Broward   | <input type="checkbox"/> Gulf         | <input type="checkbox"/> Madison    | <input type="checkbox"/> Seminole   |
| <input type="checkbox"/> Calhoun   | <input type="checkbox"/> Hamilton     | <input type="checkbox"/> Manatee    | <input type="checkbox"/> St. Johns  |
| <input type="checkbox"/> Charlotte | <input type="checkbox"/> Hardee       | <input type="checkbox"/> Marion     | <input type="checkbox"/> St. Lucie  |
| <input type="checkbox"/> Citrus    | <input type="checkbox"/> Hendry       | <input type="checkbox"/> Martin     | <input type="checkbox"/> Sumter     |
| <input type="checkbox"/> Clay      | <input type="checkbox"/> Hernando     | <input type="checkbox"/> Monroe     | <input type="checkbox"/> Suwannee   |
| <input type="checkbox"/> Collier   | <input type="checkbox"/> Highlands    | <input type="checkbox"/> Nassau     | <input type="checkbox"/> Taylor     |
| <input type="checkbox"/> Columbia  | <input type="checkbox"/> Hillsborough | <input type="checkbox"/> Okaloosa   | <input type="checkbox"/> Union      |
| <input type="checkbox"/> Dade      | <input type="checkbox"/> Holmes       | <input type="checkbox"/> Okeechobee | <input type="checkbox"/> Volusia    |
| <input type="checkbox"/> DeSoto    | <input type="checkbox"/> Indian River | <input type="checkbox"/> Orange     | <input type="checkbox"/> Wakulla    |
| <input type="checkbox"/> Dixie     | <input type="checkbox"/> Jackson      | <input type="checkbox"/> Osceola    | <input type="checkbox"/> Walton     |
| <input type="checkbox"/> Duval     | <input type="checkbox"/> Jefferson    | <input type="checkbox"/> Palm Beach | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Escambia  | <input type="checkbox"/> Lafayette    | <input type="checkbox"/> Pasco      |                                     |



**III. LIST OF SERVICES TO BE PROVIDED IN REQUESTED SERVICE AREA**

- |  |  |
|--|--|
| <input type="checkbox"/> Emergency Services and Care | <input type="checkbox"/> Dental        |
| <input type="checkbox"/> In-patient Hospital         | <input type="checkbox"/> Hearing       |
| <input type="checkbox"/> Physician                   | <input type="checkbox"/> Ambulance     |
| <input type="checkbox"/> Ambulatory Diagnostic       | <input type="checkbox"/> Home Health   |
| <input type="checkbox"/> Skilled Nursing             | <input type="checkbox"/> Pharmacy      |
| <input type="checkbox"/> Rehabilitation              | <input type="checkbox"/> DME/supplies  |
| <input type="checkbox"/> Vision                      | <input type="checkbox"/> Mental health |

**IV. SERVICE AREA(S) REQUESTED (indicate included zip codes, if requesting partial county)**

- |                                    |                                       |                                     |                                     |
|------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Alachua   | <input type="checkbox"/> Flagler      | <input type="checkbox"/> Lake       | <input type="checkbox"/> Pinellas   |
| <input type="checkbox"/> Baker     | <input type="checkbox"/> Franklin     | <input type="checkbox"/> Lee        | <input type="checkbox"/> Polk       |
| <input type="checkbox"/> Bay       | <input type="checkbox"/> Gadsden      | <input type="checkbox"/> Leon       | <input type="checkbox"/> Putnam     |
| <input type="checkbox"/> Bradford  | <input type="checkbox"/> Gilchrist    | <input type="checkbox"/> Levy       | <input type="checkbox"/> Santa Rosa |
| <input type="checkbox"/> Brevard   | <input type="checkbox"/> Glades       | <input type="checkbox"/> Liberty    | <input type="checkbox"/> Sarasota   |
| <input type="checkbox"/> Broward   | <input type="checkbox"/> Gulf         | <input type="checkbox"/> Madison    | <input type="checkbox"/> Seminole   |
| <input type="checkbox"/> Calhoun   | <input type="checkbox"/> Hamilton     | <input type="checkbox"/> Manatee    | <input type="checkbox"/> St. Johns  |
| <input type="checkbox"/> Charlotte | <input type="checkbox"/> Hardee       | <input type="checkbox"/> Marion     | <input type="checkbox"/> St. Lucie  |
| <input type="checkbox"/> Citrus    | <input type="checkbox"/> Hendry       | <input type="checkbox"/> Martin     | <input type="checkbox"/> Sumter     |
| <input type="checkbox"/> Clay      | <input type="checkbox"/> Hernando     | <input type="checkbox"/> Monroe     | <input type="checkbox"/> Suwannee   |
| <input type="checkbox"/> Collier   | <input type="checkbox"/> Highlands    | <input type="checkbox"/> Nassau     | <input type="checkbox"/> Taylor     |
| <input type="checkbox"/> Columbia  | <input type="checkbox"/> Hillsborough | <input type="checkbox"/> Okaloosa   | <input type="checkbox"/> Union      |
| <input type="checkbox"/> Dade      | <input type="checkbox"/> Holmes       | <input type="checkbox"/> Okeechobee | <input type="checkbox"/> Volusia    |
| <input type="checkbox"/> DeSoto    | <input type="checkbox"/> Indian River | <input type="checkbox"/> Orange     | <input type="checkbox"/> Wakulla    |
| <input type="checkbox"/> Dixie     | <input type="checkbox"/> Jackson      | <input type="checkbox"/> Osceola    | <input type="checkbox"/> Walton     |
| <input type="checkbox"/> Duval     | <input type="checkbox"/> Jefferson    | <input type="checkbox"/> Palm Beach | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Escambia  | <input type="checkbox"/> Lafayette    | <input type="checkbox"/> Pasco      |                                     |

**V. IDENTIFICATION OF NETWORK**

A. Subscriber Enrollment. It is understood that the method of subscriber enrollment may impact compliance with access timeframes to the provider network. It is therefore the intent of this organization to enroll subscribers based upon:

- Subscriber's county of residence
- Subscriber's county of employment
- Both of the above



B. Network Composition. It is understood that if an organization offers different insurance products that require the utilization of different provider networks, each network must be approved by the agency. Indicate the following:

Will more than one network be utilized?

No       Yes (identify and explain)

Are there any restrictions/limitations to subscriber access?

No       Yes (identify and explain)

C. Identification of delegated responsibilities and oversight.

D. Identification of product types (EPO, PHC, HMO traditional, HMO with POS option in same subscriber contract, direct access, open access, Medicare)

E. Quality Assurance. The organization must demonstrate or affirm the use of Agency-approved quality assurance policies and procedures that exist in approved counties will be used in expanded counties.



**VI. AFFIDAVIT**

(Legal Name of HMO/PHC/EPO)

The undersigned, under oath, says, it is the intention of

to expand its geographic service area to include the above designated county(ies) effective

(Expansion Effective Date) \*

. Affiants state that the undersigned are two officers of the organization who have the authority to legally bind the organization. Affiants further state that said HMO/PHC/EPO has the capability to provide comprehensive health care services in the new geographical area listed above by virtue of the included description of how services will be provided. Furthermore, 15 days prior to the effective date written above, the HMO/PHC/EPO will demonstrate through documentation or otherwise that it will be capable of providing services to its projected subscribers for at least the first 60 days of operation.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Sworn to and subscribed to before me, at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Florida at Large  
My Commission Expires: \_\_\_\_\_

Personally Known \_\_\_\_\_; or ID Produced \_\_\_\_\_; Type of ID Produced \_\_\_\_\_

\* Note: Each organization shall notify the agency of its intent to expand its geographic area at least 60 days prior to the date it plans to begin providing health care services in the new area.

