

Pennsylvania Health Care Cost Containment Council Request for Exception

225 Market Street, Suite 400
Harrisburg, PA 17101
Phone (717) 232-8958 Fax (717) 772-1401

Payor Name:		
PAF Number:	Date:	
NAIC Number:	Number of Pennsylvania Insureds:	
Contact Person:	Title:	
Address:		
City:	State:	Zip Code:
Telephone:	Fax:	E-mail:
<i>The Council allows for extensions/exemptions under certain circumstances. Please contact us before you complete this request so we may guide you through this section.</i>		
Request for:		
<input type="checkbox"/> Extension <input type="checkbox"/> Exemption		
Pertinent Quarter: <i>*Note: A separate Form 211p is required for each request</i>		
Quarter _____ Year _____		
Extension Request Date (date data submission will be received at PHC4, standard extension request is one month):		
<p>The Council requires all Requests for Exceptions be accompanied by an explanation for the request. Concisely provide in typed, narrative form as much information as necessary to evaluate the request and attach any supplemental documentation that will further detail the reasons for the request.</p> <p>The Council will evaluate the merits of each request and grant temporary exceptions in accordance with the Health Care Facility Reporting regulations contained in Title 28, Chapter 913 of the Commonwealth Code. Requests will be considered with regard to the impact on the Council's data collection and dissemination activities. Exceptions that would disrupt such activities may be denied. Please note Requests for Exceptions must be submitted before the original data submission due date. Incomplete requests will be returned for clarification.</p>		