Third-Party Corporate Telehealth Provider Report Form Third-Party CTP Data Report Tab Form No. 40-274

Row#	Network Name	Network ID	Third-Party Corporate Telehealth Provider Name	Product Line	Provider Type	Providers for	_	Count of Enrollees	Total Number of Services Delivered
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									

Third-Party Corporate Telehealth Provider Report Form Third-Party CTP Utilization Report Tab Form No. 40-274

Row #	Specialty	Provider Type Category	Enrollee County	Enrollees: Ages 0-18	Enrollees: Ages 19-44	Enrollees: Ages 45-64	Enrollees: Ages 65+	Enrollee Gender: Identified as Male	Enrollee Gender: Identified as Female	Enrollee Gender: Identified as Something Else Other than Male or Female	Count of Enrollees	Frequency of Use
2	,											
3												
4												
5												
6	3											
7												
8												
9												
10												
11							_					
12												
13												
15												
16												+
17									1			+
18												
20												
21												
22												
23												
24												
25	5											