PCP and PCP Non-Physician Medical Practitioner Report Form
Primary Care Physician (PCP) Report Tab
Form No. 40-266

| Row # | Network Name | Network ID | Subcontracted Plan License Number | Subcontracted Plan Network ID | Last Name | First Name | NPI | CA License | Non-CA License | Non-CA License State | License Type |
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PCP and PCP Non-Physician Medical Practitioner Report Form
Primary Care Physician (PCP) Report Tab
Form No. 40-266

| Row # | Number of Enrollees Assigned to Provider | Specialty | Population Age Served | Board Certified / Eligible | Provider Group | Clinical Encounters by Network Provider | Number of Enrollees Utilizing the Network Provider | Network Tier ID | Full-Time / Part-Time | Facility | Facility NPI |
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PCP and PCP Non-Physician Medical Practitioner Report Form
Primary Care Physician (PCP) Report Tab
Form No. 40-266

| Row # | HCAI ID | Provider Language 1 | Provider Language 2 | Provider Language 3 | Practice Address (In-Person) | Practice Address 2 (In-Person) | City | County | State | ZIP Code | Phone Number |
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PCP and PCP Non-Physician Medical Practitioner Report Form
Primary Care Physician (PCP) Report Tab
Form No. 40-266

| Row # | Primary or Secondary Practice Address | Clinic Name | Accepting New Patients | Displayed in Provider Directory | In-Person Appointments | Unscheduled Urgent Services | Telehealth Only | Telehealth Delivery Modality | Patient Location | E-mail Address | Provider Participation Status | Status Date |
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PCP and PCP Non-Physician Medical Practitioner Report Form
PCP Non-Physician Medical Practitioner (NPMP) Report Tab
Form No. 40-266

| Row # | Network Name | Network ID | Subcontracted Plan License Number | Subcontracted Plan Network ID | Last Name | First Name | NPI | CA License | License Type | Population Age Served | Number of Enrollees Assigned to Provider |
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PCP and PCP Non-Physician Medical Practitioner Report Form
PCP Non-Physician Medical Practitioner (NPMP) Report Tab
Form No. 40-266

| Row # | NPI of Supervising PCP | Provider Group | Clinical Encounters by Network Provider | Number of Enrollees Utilizing the Network Provider | Network Tier ID | Full-Time / Part-Time | Provider Language 1 | Provider Language 2 | Provider Language 3 | Practice Address (In-Person) | Practice Address 2 (In-Person) |
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PCP and PCP Non-Physician Medical Practitioner Report Form
PCP Non-Physician Medical Practitioner (NPMP) Report Tab
Form No. 40-266

| Row # | City | County | State | ZIP Code | Phone Number | Primary or Secondary Practice Address | Clinic Name | HCAI ID | Accepting New Patients or Referrals | Displayed in Provider Directory | In-Person Appointments |
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PCP and PCP Non-Physician Medical Practitioner Report Form
PCP Non-Physician Medical Practitioner (NPMP) Report Tab
Form No. 40-266

| Row # | Unscheduled Urgent Services | Telehealth Only | Telehealth Delivery Modality | Patient Location | E-mail Address | Provider Participation Status | Status Date |
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