Hospital and Clinic Report Form Hospital Report Tab Form No. 40-270

| Row # | Network Name | | Subcontracted Plan License Number | | DBA | NPI | CA License |
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Hospital and Clinic Report Form Hospital Report Tab Form No. 40-270

| Row # | Non-CA License | Non-CA License State | HCAI ID | Population Age Served | Network Tier ID | Hospital System | Practice Address |
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Hospital and Clinic Report Form Hospital Report Tab Form No. 40-270

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| Row # | Practice Address 2 | City | County | State | ZIP Code | Type of Care | Provider D |
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Hospital and Clinic Report Form Clinic Report Tab Form No. 40-270

| D# | | | Subcontracted Plan | | | DDA | | |
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| Row # | Network Name | Network ID | License Number | Network ID | Clinic Name | DBA | NPI | CA License |
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Hospital and Clinic Report Form Clinic Report Tab Form No. 40-270

| Row # | Non-CA License State | Population Age | Number of Enrollees Assigned to Provider | Practice Address | Practice Address 2 |
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Hospital and Clinic Report Form Clinic Report Tab Form No. 40-270

| Row # | City | County | State | ZIP Code | Phone Number | Accepting New Patients | Displayed Provider D |
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