

Mental Health Professional and Mental Health Facility Report Form
 Mental Health Facility Report Tab
 Form No. 40-268

Row #	Non-CA License	Non-CA License State	Mental Health Facility Type	Population Age Served	Network Tier ID	Practice Address	Practice Address 2
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Row #	City	County	State	ZIP Code	Phone Number	Accepting New Patients or Referrals	Displayed in Provider Directory
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