Row#	Network Name	Subcontracted Plan License Number	Subcontracted Plan Network ID	Last Name	First Name	NPI	Entity Name	Entity NPI
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		Non-CA License / Certificate State	Type of License / Certificate	Population Age Served	Clinical Encounters by Network	Number of Enrollees Utilizing the Network Provider
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Row#	Full-Time / Part- Time	Facility	Facility NPI	Provider Language		Provider Language	Practice Address	Practice Address 2
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Row#	City	County	State	ZIP Code	Accepting New Patients or Referrals	In-Person Appointments	E-mail Address
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01111110.						
Row#	Network Name		Subcontracted Plan Network ID	DBA	NPI	CA License
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1 01111 140.					
Row#	Non-CA License State	Population Age Served	Network Tier ID	Practice Address	Practice Address 2
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	GIII 140. 40-200									
Row#	City	County	State	ZIP Code		Accepting New Patients or Referrals	Displayed in Provider Directory			
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