Row #	Network Name	Network ID		Subcontracted Plan Network ID	Last Name	First Name	Individual NPI	CA License	Non-CA License
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Row#	Non-CA License State	Type of License / Certificate	Provider Group	Entity Name	Entity DBA	Entity NPI	Network Tier ID	Facility	Facility NPI
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Row#		Population Age Served	Provider Language	Provider Language 2	Provider Language 3	Practice Address	Practice Address 2	City	County
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			Accepting New	Displayed in	In-Person	Unscheduled	
Row #	State	ZIP Code	Patients	Provider Directory		Urgent Services	E-mail Address
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