	Network Name		Subcontracted Plan Network ID	Last Name	First Name	NPI	CA License	Non-CA License
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	Non-CA License State	Number of Enrollees Assigned to Provider	Specialty	Board Certified / Eligible	Provider Group	Full-Time / Part- Time
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Row #	Facility		Provider Language 2	Provider Language 3	Practice Address	Practice Address 2	County
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Row #	State	ZIP Code	Phone Number	Clinic Name	Accepting New		Unscheduled Urgent Services	E-mail Address
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Row #	Network Name	Subcontracted Plan License Number		First Name	NPI	CA License
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Row #	Population Age	Number of Enrollees Assigned to Provider	Provider Group	Network Tier ID	Full-Time / Part- Time	Provider Language 1
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Row #	Provider Language 2	Provider Language 3	Practice Address	Practice Address 2	City	County	State
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Row #	ZIP Code	Phone Number	Accepting New Patients or Referrals		Unscheduled Urgent Services	E-mail Address
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