Third-Party Corporate Telehealth Provider Report Form Third-Party CTP Data Report Tab Form No. 40-274

Row#	Network Name	Third-Party Corporate Telehealth Provider Name	Product Line	Provider Type	Number of Providers for Each	Percentage Available as Individually Contracted Provider	Count of Enrollees	Total Number of Services Delivered
1								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15 16								
17								
18								
19								
20								
21								
22								
23								
24								
25								

Row#	Specialty	Provider Type Category	Enrollee County	Enrollees: Ages 0-18	Enrollees: Ages 19-44	Enrollees: Ages 45-64	Enrollees: Ages 65+	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
20								
21								
22								
23								
24								
25								

	Enrollee Gender: Identified as Male	Enrollee Gender: Identified	_	Enrollee Gender: Unspecified	Count of Enrollees	Frequency of Use
1						
2						
3						
4						
5						
6						
7						
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11						
12						
13						
14						
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16						
17						
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