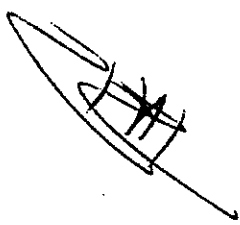


ATTACHMENT #21



**Template Provider Network List –
Mental Health**

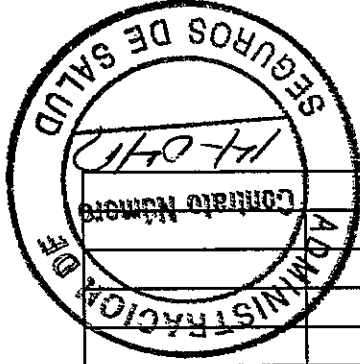
MS

[Handwritten signature]



Provider Network List
 Primary Provider

Region	Last Name 1	Last Name 2	First Name	Middle Name	Full Name	NPI	Provider #	License #	EIN/SSN	Specialty Name

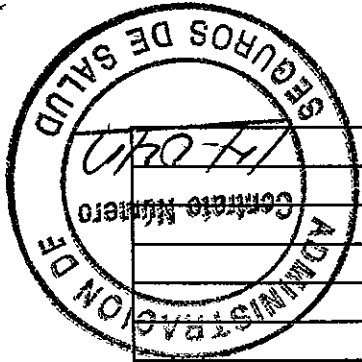


Handwritten marks consisting of a signature and a set of initials 'HH' inside a hand-drawn oval, located at the top center of the page.

Handwritten mark at the bottom left of the page.

Handwritten mark at the bottom center of the page.

Handwritten mark at the bottom right of the page.



ms



Specialty Code	Effective contract Date	Office Address Line 1	Office Address Line 2	Municipality	Zip Code	Office Telephone

6

6

6



[Handwritten signature]

[Handwritten signature]

Office Fax	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Buprenorphine	Provider Affiliated Group

Hours

[Handwritten squiggle]

[Handwritten squiggle]

[Handwritten squiggle]

Network Provider List
Hospital

Region	Hospital Name	Contact Person	NPI	Institution #	CMS Certification #

[Handwritten signature]

[Handwritten signature]



[Handwritten flourish]

[Handwritten flourish]

[Handwritten flourish]

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Handwritten scribbles at the top right.

Handwritten scribble at the bottom left.

Handwritten scribble at the bottom center.

Handwritten scribble at the bottom right.

Last_TIN	Contract Date	Physical Address Line 1	Physical Address Line 2	Municipality



Zip Code	Main Telephone	Main Fax

[Handwritten signature]



[Handwritten scribble]

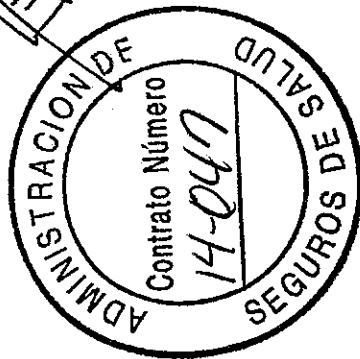
[Handwritten scribble]

[Handwritten scribble]

Provider Network List
Groups

Region	PMG	PMG #	Last Name 1	Last Name 2	First Name

ms



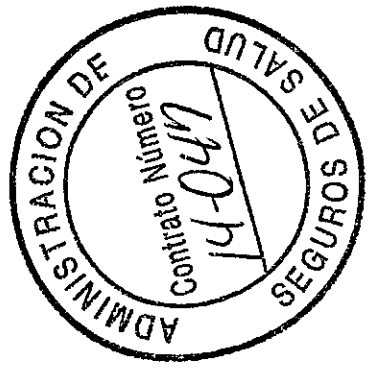
2

2

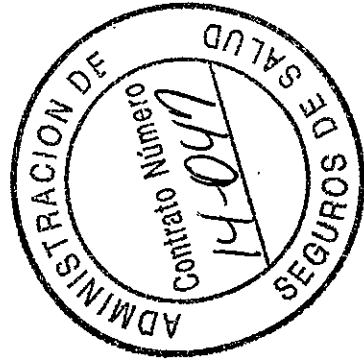
2

Specialty Name	Specialty Code	Lives assigned	Effective contract Date

pus



Office Telephone	Office Fax	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday



Handwritten signature/initials

3

3

3

**Template Provider Network List –
Physical Health**

ms

