

Attachment VI

- Provider Network Worksheet

For Primary Care and Speciality Physicians:

1. In alphabetical order, last name followed by first name
2. Credential- MD, PA, ARNP, RN, MSW
3. Address- If the Provider has multiple locations please list their name once, and then complete as many address lines as needed
4. Phone Number- If the Provider has multiple locations list their name once, and then complete as many phone lines as needed
5. If a Provider has locations in multiple counties list their name once, then list their multiple locations phone numbers and counties

PCP: Please note headings for different specialties: "Family/General Practice", "Internal Medicine", "Pediatrics", "Obstetrics or Gynecology"

Specialty Physicians: Please note headings for different Specialties

For Inpatient Services & Ancillary Provider:

If you don't have the type of facility listed or a provider for a given service indicate none in the space provided

Inpatient Services: Please note headings for different facility types: "Hospital", "Birth Delivery Facility/Hosp", "Birthing Center", "RPICC", "NICU-Level 3"

Ancillary Providers: Please note heading for different Ancillary Service Categories

Hospital

Name	Address	City	Zip	Phone Number	Provider County

Hospital Pediatric Beds

Name	Address	City	Zip	Phone Number	Provider County

Emergency Services and Emergency Services Facilities

Name	Address	City	Zip	Phone Number	Provider County

Birth Delivery Facility/Hospital with birth delivery facilities

Name	Address	City	Zip	Phone Number	Provider County

Birthing Center

Name	Address	City	Zip	Phone Number	Provider County

RPICC

Durable Medical Equipment

Provider Name	Address	Zip	Phone Number	Provider County

Home Health Services

Provider Name	Address	Zip	Phone Number	Provider County

Laboratory Services

Provider Name	Address	Zip	Phone Number	Provider County

Licensed Pharmacy/Pharmacist

Provider Name	Address	Zip	Phone Number	Provider County

Portable X-ray Services

Provider Name	Address	Zip	Phone Number	Provider County

Freestanding Dialysis Center				
Provider Name	Address	Zip	Phone Number	Provider County
Dental Services				
Provider Name	Address	Zip	Phone Number	Provider County
Hearing Services				
Provider Name	Address	Zip	Phone Number	Provider County
Vision Services				
Provider Name	Address	Zip	Phone Number	Provider County
Transportation				
Provider Name	Address	Zip	Phone Number	Provider County

