Attachment VI

• Provider Network Worksheet

For Primary Care and Speciality Phsylcians:

- 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 counites list their name once, then list their multiple locations phone numbers and counites 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

			Primary Care Physicians:	Family/General Pra	actice				
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Age Restrictions	Hospital Affiliation
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			Primary Care Physicia	ns: Internal Medici	ne				
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Age Restrictions	Hospital Affiliation

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	Primary Care Physicians: Pediatrics Last Name First Name Credential Address City Zip Phone Provider Age Hospit										
Last Name	First Name	Phone Number	Provider Countv	Age Restrictions	Hospital Affiliation						
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	H	lospital			
Name	Address	City	Zip	Phone Number	Provider County
	Hospital	Pedatric Beds			
Name	Address	City	Zip	Phone Number	Provider County
News	Emergency Services and	Emergency Serv	ICES Faciliti	es Dhana Numb	Drawidar Origin
Name	Address	City	Zip	Phone Number	Provider County
	Birth Delivery Facility/Hos	nital with hirth de	liviery facili	tios	
Name	Address	City	Zip	Phone Number	Provider County
		0.19	p		
		ning Center			
Name	Address	City	Zip	Phone Number	Provider County
		RPICC			
		NFIGG			

Name	Address	City	Zip	Phone Number	Provider County
	NICU Leve				
Name	Address	City	Zip	Phone Number	Provider County

			Specialty Ph	ysicians: Allergis	st				
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Age Restriction	Hospital Affiliation
	1		Specialty Physic	ians: Anesthesio	logist	1			
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Age Restriction	Hospital Affiliation
			Specialty Phys	sicians: Cardiolog	gist				
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Age Restriction	Hospital Affiliation
	1	<u> </u>	Specialty Physiciar	ns: Pediatric Card	liologist	<u> </u>		<u> </u>	
					7	Phone Number	Provider	Age	Hospital
Last Name	First Name	Credential	Address	City	Zip	Phone Number	County	Restriction	Affiliation
Last Name	First Name	Credential	Address	City	Zip		County	Restriction	
Last Name	First Name	Credential	Address	City			County	Restriction	
Last Name	First Name	Credential	Address				County	Restriction	
Last Name	First Name	Credential	Address				County	Restriction	

		Specialt	y Physicians: Certifie	ed Nurse Midwife	/Licensed	Midwife			
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Age Restriction	Hospital Affiliation
			Specialty Phys	sicians: Chiropra	ctor		Provider	Age	lleenitel
Last Name	First Name	Credential	Address	City	Zip	Phone Number	County	Restriction	Hospital Affiliation
			Creasialty Dhusi	isiana. Damastali					
			Speciality Physi	icians: Dermatolo	ogist		Description	Age	
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Restriction	Hospital Affiliation
			Specialty Dhurst	iono, Endoorinal					
			Speciality Physic	cians: Endocrino	logist		Dressialer	Age	Heenitel
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Restriction	Hospital Affiliation

		:	Specialty Physicians	: Pediatric Endo	crinologis	t			
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Age Restriction	Hospital Affiliation
			Specialty Physicia	ans: Gastroenter	rologist	1	Provider	Age	Hospital
Last Name	First Name	Credential	Address	City	Zip	Phone Number	County	Restriction	Affiliation
			Specialty Physic	ians: General Su	urgery			l	
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Age Restriction	Hospital Affiliation
		Spec	ialty Physicians: Info	ectious Disease/	AIDS Spe	cialist		l	
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Age Restriction	Hospital Affiliation

			Specialty Phys	icians: Nephrolo	nist	L			
			Specialty Thys		gist		_	Age	
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Restriction	Hospital Affiliation
			Specialty Physician	s: Pediatric Nepl	hrologist				
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Age Restriction	Hospital Affiliation
			Specialty Phys	sicians: Neurolog	gist				
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Age Restriction	Hospital Affiliation
			Specialty Physicial	ns: Pediatric Neu	rologist				
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider	Age	Hospital
					•		County	Restriction	Affiliation
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			Creasialty Dhyrai					ļi	
		[]	Speciality Physi	cians: Neurosurg	geon	1		-	
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Age Restriction	Hospital Affiliation
			Specialty Physicia	ns:Obstetric/Gyn	ecology				
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Age Restriction	Hospital Affiliation
			Specialty Phy	sicians: Oncolog	list				
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Age Restriction	Hospital Affiliation
							obuilty		Annation
			Specialty Physic	cians: Opthalmol	ogist				
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Age Restriction	Hospital Affiliation

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			Specialty Physics	sicians: Optometr	rist				
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Age Restriction	Hospital Affiliation
			Specialty Physi	cians: Oral Surg	geon				
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Age Restriction	Hospital Affiliation
			Specialty Phy	sicians: Orthoped	list				
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Age Restriction	Hospital Affiliation
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			Specialty Physicia	ns: Pediatric Orth	opedist	1			
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Age Restriction	Hospital Affiliation
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			Specialty Physic	ians: Otolaryngol	ogist	1			
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Age Restriction	Hospital Affiliation
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			Specialty Phy	sicians: Pathologi	ist	1		A	
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Age Restriction	Hospital Affiliation
			Specialty Ph	ysicians: Podiatris					
							Provider	Age	Hospital
Last Name	First Name	Credential	Address	City	Zip	Phone Number	County	Restriction	Affiliation
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	<u> </u>	<u> </u>	Specialty Phys	sicians: Psychiatr	ist	I		<u> </u>	
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Age Restriction	Hospital Affiliation
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			Specialty Physi	cians: Pulmonolo	ogist				
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Age Restriction	Hospital Affiliation
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			Creasialty Dhu	sisismer Dedislam					
			Speciality Phy	sicians: Radiolog	list				
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Age Restriction	Hospital Affiliation
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			Specialty Ph	ysicians: Urologi	st				
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Age Restriction	Hospital Affiliation
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		I I	Specialty The	rapist: Occupation	nal			1	
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Age Restriction s	Hospital Affiliation
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			Specialty Therapist	: Occupational - F	Pediatric				
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Age Restriction	Hospital Affiliation
			Specialty T	herapist: Physica	l				
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Age Restriction	Hospital Affiliation
			Specialty Therap	ist: Physical - Peo	diatric			-	
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Age Restriction	Hospital Affiliation
		I	Specialty The	erapist: Respirato	ry				
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Age Restriction	Hospital Affiliation
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			Specialty Therapis	t: Respiratory - Pe	ediatric				
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Age Restriction	Hospital Affiliation
			Creasialty T	herenist, Speech					
				herapist: Speech	1		Provider	Age	Hospital
Last Name	First Name	Credential	Address	City	Zip	Phone Number	County	Restriction	Affiliation
	 								
			Specialty Therap	oist: Speech - Pedi	iatric				
Last Name	First Name	Credential	Address	City	Zip	Phone Number	Provider County	Age Restriction	Hospital Affiliation
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	Durable M	edical Equipment			
Provider Name	Address	Zip	Phone Number	Provider County	
	Home H	ealth Services			
Provider Name	Address	Zip	Phone Number	Provider County	
		F			
Provider Name	Address	tory Services Zip	Phone Number	Provider County	
	Address				
		armacy/Pharmacis			
Provider Name	Address	Zip	Phone Number	Provider County	
	Portable	X-ray Services	<u></u>		
Provider Name	Address	Zip	Phone Number	Provider County	

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	Freestendin	na Dielvoie Center		
Ducy siden Neme	Freestandir	ng Dialysis Center	Phone Number	Drevider County
Provider Name	Address	Zip	Phone Number	Provider County
	Dont	al Services		
Provider Name	Address	Zip	Phone Number	Provider County
	Address			
	Heari	ng Services		
Provider Name	Address	Zip	Phone Number	Provider County
	Visio	on Services		
Provider Name	Address	Zip	Phone Number	Provider County
		sportation		
Provider Name	Address	Zip	Phone Number	Provider County

ool-based Services (In countie	s in which school-	based services exist	
Address	Zip	Phone Number	Provider County
County Public	Health Departmen	ts	•
Address	Zip	Phone Number	Provider County
	Address	Address Zip Image: Address Image: Address Image: Address Image: Address <	County Public Health Departments