Hospital and Clinic Report Form
Hospital Report Tab
Form No. 40-270

Row #	Network Name	Network ID	Subcontracted Plan License Number	Subcontracted Plan Network ID	Hospital Name	DBA	NPI	CA License	Non-CA License	Non-CA License State	HCAI ID
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Hospital and Clinic Report Form
Hospital Report Tab
Form No. 40-270

Row #	Hospital Type	Population Age Served	Clinical Encounters by Network Provider	Number of Enrollees Utilizing the Network Provider	Network Tier ID	Hospital System	Practice Address (In-Person)	Practice Address 2 (In-Person)	City	County	State
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Hospital and Clinic Report Form
Hospital Report Tab
Form No. 40-270

Row #	ZIP Code	Type of Care	Contracted Hospital Services	Available Services	Displayed in Provider Directory	Telehealth Only	Telehealth Delivery Modality	Patient Location	Hospital Accreditation	Accreditation Expiration Date	Available Bed Occupancy Rate
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Hospital and Clinic Report Form
Hospital Report Tab
Form No. 40-270

Row #	Provider Participation Status	Status Date
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Hospital and Clinic Report Form
Clinic Report Tab
Form No. 40-270

Row #	Network Name	Network ID	Subcontracted Plan License Number	Subcontracted Plan Network ID	Clinic Name	DBA	NPI	CA License	Non-CA License	Non-CA License State	HCAI ID
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Hospital and Clinic Report Form
Clinic Report Tab
Form No. 40-270

Row #	Clinic Type	Clinical Encounters by Network Provider	Number of Enrollees Utilizing the Network Provider	Population Age Served	Number of Enrollees Assigned to Provider	Network Tier ID	Practice Address (In-Person)	Practice Address 2 (In-Person)	City	County	State
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Hospital and Clinic Report Form
Clinic Report Tab
Form No. 40-270

Row #	ZIP Code	Phone Number	Accepting New Patients	Displayed in Provider Directory	Unscheduled Urgent Services	Telehealth Only	Telehealth Delivery Modality	Patient Location	Provider Participation Status	Status Date
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