| Row# | Network Name | | Network | Plan License | Subcontracted Plan Network ID | Last Name | First Name | Individual NPI | | Non-CA License State |
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| | Type of License / Certificate | Provider | Clinical Encounters by Network Provider | Number of Enrollees Utilizing the Network Provider | Entity Name | Entity DBA | Entity NPI | Network Tier ID | Facility | Facility NPI | Provider Type |
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| Row# | Population Age Served | | Provider | Address | Practice Address 2 (In-Person) | City | County | State | ZIP Code | Primary or Secondary Practice Address |
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| | Accepting New | In-Person Appointments | _ | <u>Telehealth</u> | Patient Location | Provider Participation Status | Status Date |
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