

Form II.B.

Plan Information

Legal Name of Plan:	Plan ID Number: 933-
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Reporting Period:	Reporting Month:	Reporting Year:
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Instructions: For each contracted provider the plan provided money or consideration, please complete a separate Form II.B.; use as many duplicates of Form II.B. as needed to represent all contracted providers who received money or consideration during this reporting period.

Item II.B.

1. Name of contracted provider:

2. Amount of Money or consideration:	3. Dates Provided:
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