

## **Exhibit G**PROVIDER/PHYSICIAN ROSTER

Location Address	Street Address				City, State, Zip			Phone and Fax			
Group/Practice/Facility Name:								Phone:		Fax:	
Practice/Correspondence Address:								Phone:		Fax:	
Remit/Payment Address:								Phone:		Fax:	
Credentialing/Correspondence Address:								Phone:		Fax:	
IPA only allows 5 locations for each provider to be listed. Please list the primary and any additional locations below. If there are more than 5 locations, please attach a separate page for documentation.											
Location Address			Street Address		City, State, Zip			Phone and Fax			
Primary Location Address:								Phone:		Fax:	
Location 2 Address:								Phone:		Fax:	
Location 3 Address:								Phone:		Fax:	
Location 4 Address:								Phone:		Fax:	
Location 5 Address:								Phone:		Fax:	
Contact Email:							TIN: (All Providers must bill under this TIN)				
•	•						Group NPI:				
Physician Name/Degree	DOB	Location Assignment (Indicate Address Locations provider is assigned to)	Specialties	NPI	Medicare	CAQH#	State License Number	DEA#	Foreign Languages		Membership Assignment (Yes or No) for NPs in a PCP practice