



Exhibit G Physician/Provider Roster

Section A: Group Information

Group Name:	
DBA:	Group Tax ID:
Group Email Address:	Group NPI

Section B: Group Address Information

Address Type	Street Address (Include City, ST, Zip)	Phone and Fax Numbers			
Correspondence Address: <small>(for all contractual mailings)</small>		Phone:		Fax:	
Remit/Payment Address:		Phone:		Fax:	
Credentialing Address: <small>(for all credentialing mailings)</small>		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	Office Location Phone and Fax		
Primary Location 1 Address:			Phone:		Fax:
Location 2 Address:			Phone:		Fax:
Location 3 Address:			Phone:		Fax:
Location 4 Address:			Phone:		Fax:
Location 5 Address:			Phone:		Fax:

Section C: Provider Information

Physician Name & Degree <small>(Please include provider Degree)</small>	Location Assignment <small>(Indicate Address Location# provider is assigned. See section C above, eg 1,2,3)</small>	Specialties	NPI#:	CAQH	Medicare#:	Foreign Languages <small>(Indicate languages spoken by Provider)</small>	Membership Assignment <small>(For NPs in PCP Practice – Y/N)</small>