*SSA State/County Code	*Name of Physician or Mid-Level Practitioner	*National Provider Identifier (NPI) Number	Specialty	*Specialty Code	Contract Type	*Street Address	*City	*State	*ZIP Code	If PCP, Accepts New Patients? (Y/N)	Name of Medical Group Affiliation or "DC"	Uses CMS MA Contract Amendment? (Y/N)	RPPO-Specific Exception to Written Agreements? (Y/N)	Letter of Intent Signed by Both Parties? (Y)

PRA Disclosure Statement *This form is required by CMS to determine MAO compliance with network adequacy criteria under §422.116 and requirements under §§417.414, 417.416, 422.112(a)(1)(i), and 422.114(a)(3)(ii). The form is required when CMS performs a contract-level network review. Use of this form is considered mandatory under the authority of Section 1852(d)(1) of the Social Security Act which permits an MAO to select the providers from which an enrollee may receive covered benefits. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law.*

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1346 (Expires: XX/XX/20XX). The time required to complete this information collection is estimated to average 16 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.