Attachment 90 – MPC SBD Overflow Patient List

**Confidential Patient Checklist – (Continued)  
PLEASE RETURN**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | **CHECK ONE FOR**  **EACH PATIENT** | |  |
| **Provider Name** | **Provider Specialty** | **Hospital Name** | **Patient Name** | **Date of Birth** | **Gender** | **2017 Records Located** | **2017 Records**  **NOT**  **Located** |
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