

## Submit Network

An asterisk (\*) indicates a required field.

[Templates](#)

Event Type: Ad-Hoc

Event: MAD00225 - Sample Event [Change Event](#)

\*Contract: H0001 - SAMPLE MA CONTRACT

Effective Date: 01/01/2020

Contract Status: Active

Contract Type: MA

\*Does your network offer  
Telehealth Benefits?:  Yes  No

- \*Telehealth Specialties:
- Primary Care (S03)
  - Allergy and Immunology (007)
  - Cardiology (008)
  - Dermatology (011)
  - Endocrinology (012)
  - ENT / Otolaryngology (013)
  - Gynecology, OB / GYN (016)
  - Infectious Diseases (017)
  - Nephrology (018)
  - Neurology (019)
  - Ophthalmology (023)
  - Psychiatry (029)

Note: Outpatient Behavioral Health  
(0XX): added to the Telehealth  
Specialties list 1/1/24

- Notes):
- File names cannot contain the following characters: # % + ; & ..
  - File type must be in .zip format and must only contain a single tab delimited .txt file.
  - Maximum file size of 200MB

Provider Table:  No file chosen

Facility Table:  No file chosen