



ATTACHMENT II

PARTICIPATING PROVIDERS LIST

Tribal Health Program: _____

The attached list shall set forth the name, NPI number, and other information of each provider covered under this AGREEMENT.
Please attach additional sheets if necessary.

Provider First Name	Provider Last Name	Provider NPI Number	State of Licensure	Provider Credentials	Type of Specialty	Effective Dates of Employment
<i>Jane</i>	<i>Smith</i>	<i>xxxxxxxxxx</i>	<i>CA</i>	<i>MD</i>	<i>Obstetrics/Gynecology</i>	<i>11/05/2013-Present</i>